

BMW Extended Vehicle Protection Cancellation Form

Contract Holder Name		Selling Retailer (Center Name)			
Street Address		Street Address			
City, State, Zip		City, State, Zip			
Contract Number		Contract Effective Date		Cancellation Effective Date	
		Month	Date	Month	Date
					Year

Reasons for Cancellation

Requested by

Customer Signature _____ Date _____

Contract Cost:	_____
Center Refund:	_____
Customer Refund:	_____
Cancellation Authorization #:	_____
Submitted By:	_____
Date:	_____

Year	Make	Model	VIN	Mileage at Issue	Current Mileage

Mail all completed Cancellation Forms to:
 BMW Extended Vehicle Protection
 Administrator: United Service Protection
 P.O. BOX 21647
 St. Petersburg, FL 33742-1647