



Please email all completed forms to Cancellations@BillKnightAuto.com

CANCELLATION REQUEST

F&I Representative: _____ Today's Date: _____

I hereby wish to cancel the below marked products for the following vehicle that is owned by the undersigned.

Check All That Apply: Warranty Maintenance TireCare DentCare GAP

Cancel Date _____ Purchase Date (MM/YYYY) _____

Year, Make, Model of Vehicle _____ Current Mileage _____

VIN # _____

Lienholder on *original* car deal

(Name)

(Address)

(Account Number or Social Security Number)

Location of Original Purchase

(Check one below)

- Bill Knight Ford - Tulsa
- Bill Knight Lincoln Volvo
- Bill Knight Ford - Stillwater

Copy of payoff MUST be included with form when sent to accounting.

Reason for Cancellation

(Check one below)

- Customer Request (Provide lien holder information)
 - Stolen Vehile (Attach police report)
 - Trade-in (MUST attach odometer statement and cancel quotes)
 - Repossession (Attach repo papers)
 - Totaled/Wrecked (Attach letter from insurance)
 - Dealership Purchase
- Used as Downpayment? Yes No Used towards payoff? Yes No

If yes, what is the new deal Stock #: _____

If yes, amount used towards payoff: _____

***For Gap ONLY:** I understand and accept that this cancellation will totally VOID all protection provided by the GAP addendum for the entire term of the loan and I will have no recourse or claim against any of the parties named in the GAP addendum in the event of a future total loss or unrecovered theft to my vehicle.

Initial

Upon payment of the cancellation, I hereby release and forever discharge Knight Automotive Group and its employees from any and all claims, demands, and actions which I now have or may hereafter acquire in connection with this cancellation.

Initial

Cancellations may take 6-8 weeks. Proceeds will be refunded upon receipt from the warranty or insurance company. If your loan is not paid in full, all cancellation proceeds will be forwarded to the lien holder. GAP can not be used towards down payment.

Proceeds will either come from Bill Knight Automotive Group or the lien holder, depending on the product being cancelled and the lienholder's policy.

Initial

Customer Name _____

Address _____

City, State, Zip _____

Phone _____

Signature _____

Failure to have this form COMPLETED with required documentation will delay any refunds

4111 South Memorial Drive • Tulsa, OK 74145-3307

Cancellations@BillKnightAuto.com