

Trisura Warranty Services Inc.
Bay Adelaide Centre
333 Bay Street, Suite 1610, Box 22
Toronto, Ontario, M5H 2R2
Phone: (844)995-7700
Fax: (416) 214-9597

Cancellation Request Form

Date (MM/DD/YY):				
Dealership Name:				
Contract Holder Name:				
Contract Holder Street Address	:			
City:	Province:	Postal	Postal Code:	
Telephone:				
V	EHICLE DE	SCRIPTION		
YEAR: MAKE:	MODEL			
I WOULD LIKE TO CANCEL MY S	SERVICE CONTRACT #	t:		
		·		
Date of Cancellation:				
Kilometres (exact) as of Canc	ellation Date:			
	REASON FOR (CANCELLATION		
Customer Request O	Trade-In	Totaled/Stolen	Repossession O	
(Attach Odometer Statement, if applicable)	(Attach Odometer Statement, if applicable)	(Attach copy Ins. Report)	(Attach Lienholder Request)	
ALL CANCELLATION	N REIMBURSEME	NTS ARE NET OF CLAI	MS PAID	
ALL CANCELLATION	V KENVIDORSEIVIE	AND AREITE OF CEA	IVIST AID	
Contract Holder Signature:		Date (MM/DD/YY):		