



Please note: If you have experienced a total loss, your lienholder may request for your Ancillary Products to be cancelled on your behalf. Please contact your lienholder to confirm before submitting a cancellation request.

Customer Name: _____ Co-Customer Name: _____

Customer address: _____

Street Address *City, State, Zip*

Contract No: _____ VIN: _____

Cancellation Date: _____

Cancellation Reason: _____

I/We fully understand the GAP contract addendum will no longer provide any benefits from this date forward and any cancellation refund due will be processed within 30 days of SilverRock's receipt of this completed request form. I/We understand a cancel fee may apply and I/we may refer to the contract for more details.

Date

Date _____

By Email:
cancellations@silverrockinc.com

By Mail:
SilverRock Automotive, Inc.
P.O. Box 29087
Phoenix, AZ 85038-9087