

CANCELLATION REQUEST FORM

MEMBERSHIP NUMBER	CUSTOMER NAME	DAYTIME TELEPHONE NUMBER
DEALERSHIP NAME	NAME OF DEALERSHIP REPRESENTATIVE	PHONE NUMBER / FAX NUMBER
VEHICLE IDENTIFICATION NUMBER	CANCELLATION DATE	CURRENT ODOMETER READING (KMS)

REASON FOR CANCELLATION

Cancel within 30 days of purchase
 Sold Vehicle
 Other _____

Purchased new membership*
 Provide new membership # _____

If vehicle was financed or leased, is the loan paid out?
 No
 Yes (Please include proof of payout)**

If loan is paid out, please send refund to:
 Dealer
 Contract Holder

Name and address of Payee:

Signature of both the membership holder and dealer representative are required.

Signature of membership holder

Signature of the dealer representative

Date

Date

*IF A NEW MEMBERSHIP IS PURCHASED THE CANCEL FEE WILL BE WAIVED.

**IF NO PROOF IS ATTACHED, THE REFUND CHEQUE WILL BE MADE PAYABLE TO BOTH THE MEMBERSHIP HOLDER AND THE FINANCE SOURCE.

Please return the completed form to SecureDrive by mail, fax or email:

[Mail] SecureDrive
#142 - 757 West Hastings Street
Vancouver, BC V6C 1A1
[Fax] 1-800-510-7605
[Email] customerservice@lqm.ca

For further information please call 1-800-510-8372