

CANCELLATION REQUEST FORM

Member's Name: _____ Contract #: _____

Address: _____ Eff. Date of Contract: _____

_____ Eff. Date of Cancellation: _____

Reason for Cancellation: _____

Name of Dealership: _____ Producer Code: _____

Address of Dealership: _____ Ph. #: _____

City: _____ State: _____ ZIP Code: _____

Member Signature _____ Date _____

Agent Signature _____ Date _____

Please fax or mail this form to us:

**NIU of Florida
800 Yamato Road, Suite 100
Boca Raton, FL 33431
Phone: (800) 338 - 2680
Fax: (561) 226 - 3601**

We need a copy of the front and back of the contract included with this form.