

Allstate Vehicle Service Contract Cancellation Request Form



Return document to: Pablo Creek Services, Inc., P.O. Box 40525 Jacksonville, FL 32203-0525
or 1776 American Heritage Life Drive Jacksonville, FL 32224
Attn: Cancellation Dept. Phone: 877-204-2242 Fax: 866-398-9021

Please complete ALL sections of this form and submit along with a copy of a cancellation quote, if one was received, and the Allstate Vehicle Service Contract.

SECTION A - DEALER INFORMATION *(Please PRINT)*

_____		_____	
Account Name		Today's Date (mm/dd/yyyy)	

Address			

_____	_____	_____	_____
City	State	Zip Code	
_____		_____	
Phone		Fax	

SECTION B - CUSTOMER INFORMATION *(Please PRINT)*

_____		_____	
Last Name		First Name	
_____		_____	
Vehicle Service Agreement ID Number		Vehicle Identification Number (VIN)	
_____		_____	
Vehicle Mileage at Time of Cancellation		Lienholder Name	

SECTION C - REASON FOR CANCELLATION *(Please check one)*

To process this cancellation request, the following supporting documentation is required:

<input type="checkbox"/> Customer Request - Attach correspondence or customer signature below	Date Received by Dealer ____/____/____
<input type="checkbox"/> Total Loss - Attach proof of total loss	Total Loss Date ____/____/____
<input type="checkbox"/> Repossession - Attach proof of repossession from lienholder	Repossession Date ____/____/____
<input type="checkbox"/> Other, please explain _____ (Please include any supporting documentation)	Other Date ____/____/____

SECTION D - SIGNATURES

_____		_____	
Dealership Personnel Signature		Print Name	
_____		_____	
Customer Signature (If required, see Section C above)		Cancellation Date	

Call for Cancellation Quote
Pablo Creek Services, Inc.
877-204-2242