

SYNCHRONIZE CONTRACT CANCELLATION REQUEST FORM

Dealer Name: _____

Customer Name: _____

Contract/VIN Number: _____

Device Serial Number: _____

Device Recovered: YES or NO

Date of Cancellation: _____

Contract Term: _____

Reason: _____

Lienholder Name: _____

Lienholder Address: _____

Loan Account No.: _____

(If loan is paid off, please include a copy of the payoff letter)

Customer Signature:

Dealer Signature:

Please email to [synhcancellations@landairsea.com](mailto:synchcancellations@landairsea.com)

Mail to: Synchronize Income Development, LLC.

P.O. Box 868

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