

TRANSFER REQUEST

CONSUMER PROGRAM ADMINISTRATORS, INC.
175 WEST JACKSON BLVD.
CHICAGO, ILLINOIS 60604

Procedures:

We will accept transfer of this Mechanical Repair Service Contract if:

- the Mechanical Repair Service Contract allows for the transfer of coverage.
- the remaining portion of the original manufacturer warranty including Powertrain warranty has not been reduced or voided.
- a transfer fee* is paid to Consumer Program Administrators, Inc. within 30 days of the sale to the subsequent owner.
- the Agreement Holder provides you with all records of required maintenance applicable during the Agreement Period.

* SEE MECHANICAL REPAIR SERVICE CONTRACT FOR APPROPRIATE TRANSFER FEE AMOUNT.

Transferred From:

| | | |
|------------------------------|-------------------------------|----------|
| Name | Telephone (Include Area Code) | |
| Street | | |
| City | State | Zip Code |
| Signature Of Previous Owner: | | |

Transferred To:

| | | |
|--|-------------------------------|----------|
| Name | Telephone (Include Area Code) | |
| Street | | |
| City | State | Zip Code |
| I have read and understand all of the terms and conditions of the Mechanical Repair Service Contract. I have paid the appropriate transfer fee amount. I also understand the transfer applies only to the remaining months and miles of the original Mechanical Repair Service Contract term. I have received from the Agreement Holder records of all required maintenance applicable during the Agreement Period to date and I understand that I am responsible for all maintenance that the Agreement Holder was required to perform. | | |
| Signature Of New Owner: | | |

Vehicle and Dealer Information:

| | | |
|--------------------------------------|---------------------------------------|----------|
| Contract Number | Company Code (For Internal Use Only) | |
| Vehicle Identification Number | | |
| Make | Model | Year |
| Odometer Reading At Date Of Transfer | | |
| Date Of Transfer | Month | Day Year |
| Issuing Dealer | Dealer Number (For Internal Use Only) | |

Mail a copy of this Transfer Request form with the appropriate transfer fee to:

CONSUMER PROGRAM ADMINISTRATORS, INC.
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