**YOUR DEALERSHIP NAME HERE**

~ CUSTOMER ACKNOWLEDGeMENTS ~

**Vehicle Service Agreement**

I(We) have been advised and understand the benefits, coverage, terms and conditions of the vehicle service agreement offered by the dealership. I(We), of my(our) own free will, **decline** the benefits, coverage, terms and conditions of the vehicle service agreement available on the vehicle described below.

Year \_\_\_\_\_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Serial Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Purchaser Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Co-Purchaser Signature

**Guaranteed Asset Protection**

I(We) have been advised and understand that Guaranteed Asset Protection could pay off the difference between what the insurance company pays and the balance due on the loan contract in the event my vehicle is declared a total loss due to theft or collision, as well as pay my insurance deductible of up to $1000. I(We), of my(our) own free will, **decline** to purchase such coverage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Purchaser Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Co-Purchaser Signature

**Tire & Wheel Road Hazard Protection**

I(We) have been advised and understand the benefits, coverage, terms and conditions of the tire and wheel road hazard protection offered by the dealership on my vehicle, and that it would repair or replace tires and wheels damaged due to road hazards, which is NOT covered by the manufacturer. I(We), of my(our) own free will, decline to purchase this coverage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Purchaser Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Co-Purchaser Signature