Transfer Waiver

EXTENDED SERVICE PLAN

Date: _____

I, _____, authorize the transfer of my Extended
(Customer Name)

Service Plan coverage from Ford Motor Company on Vehicle Identification

Number (VIN) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ with mileage of _____

to a subsequent owner, and recognize that by doing so, I relinquish my rights to cancel

the contract and receive any refund.

_____
(Customer Signature)

Additional copies are available via *www.fmcdealer.dealerconnection.com*.