

# Coverage Change/Correction Waiver



Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize the change/correction of my  
(Customer Name)

Extended Service Plan coverage from Ford Motor Company on Vehicle Identification

Number (VIN) 

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and recognize that, by doing so, I relinquish all my rights to the previous plan coverages and any rights resulting therefrom.

Owner Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date of Coverage Change: \_\_\_\_\_

Odometer Reading at Coverage Change (no tenths): \_\_\_\_\_

Dealer P&A: 

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Dealer Signature: \_\_\_\_\_

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