

Customer Transfer Waiver



I, _____,
(Previous Owner Name - PRINT)
authorize the transfer of my Ford/Lincoln Extended
Service Plan coverage from Ford Motor Company on Vehicle Identification Number
(VIN)

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 with the mileage at
time of transfer _____ to a subsequent owner, and recognize that by doing so,
I relinquish my rights to cancel the contract and receive any refund.

Previous Owner Signature: _____

Transfer Date: _____

New Owner Name: _____

New Owner Street Address: _____

City, State, ZIP: _____

Dealership Name: _____ P&A Code:

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Dealership Phone Number: () _____ Fax Number: () _____

Dealership Contact Name (PRINT): _____

Dealership Contact Signature: _____ Date: _____

The dealership is required to retain a signed waiver from the original
Ford/Lincoln ESP owner authorizing the transfer of the Ford/Lincoln ESP contract.

Additional copies of this waiver are available via www.fmcdealer.com.