Customer Transfer Waiver

Extended Service Plan

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

New Owner Phone Number: (____)_____

New Owner Email: _____

Dealership Name: _____ P&A Code: [ ][ ][ ][ ][ ]

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*.