



Wolters Kluwer
Financial Services

AppOne

Date _____

To Whom it may Concern:

I would like to cancel my Dealer Agreement effective _____.

Please consider this my written request for deactivation of AppOne Program services for:

Dealer Name _____

Street Address _____

City, State, Zip _____

AppOne Lot ID #(if known) _____ SAP Customer # (if known) _____

Regards,

_____ (Owner Signature required)

You are required to remit a hard copy of this request by one of the methods listed below:

- 1) Fax to: 225-612-6902
- 2) Email to: WKFSAppOneRiskManagement@wolterskluger.com
- 3) Mail to: WKFS - AppOne
6815 Saukview Drive
St. Cloud, MN 56303
ATTN: RMS Termination