



National Truck Protection Service Contract Suspend/Transfer Agreement

To request a 6-month (max) suspension of contract coverage on a returned truck:
Complete "Part 1." of this form and Fax to: 908-272-9243

COVERAGE WILL BE SUSPENDED NO EARLIER THAN DATE FORM RECEIVED BY NTP

PART 1

Suspension Request Date: _____

Dealership: _____

Contact name: _____

Truck Make: _____ Truck Model: _____ Truck Model Year: _____

VIN: _____

Current Mileage: _____

Originally sold to: _____ has been returned to our dealership

Please suspend the service contract coverage on this truck for up to 6 months so we can transfer the remaining coverage to a subsequent purchaser at a later date

PART 2

NTP USE ONLY - DO NOT WRITE IN THIS SECTION

Date Received by NTP: _____

Expiration: _____

As of the suspension request date, the truck listed above has the following service contract coverage remaining:

Days Remaining: _____

Mileage Remaining: _____

NTP will verify remaining coverage and will notify you by return fax

PART 3

COMPLETE AND RETURN TO RE-ACTIVATE

- *Save the returned fax with remaining coverage as noted by NTP*
- *When you resell a truck with suspended coverage, complete "Part 3" information below, and mail to NTP with a \$250 suspend/transfer fee*

New Sale Date: _____ Customer Name: _____

Customer Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I have been informed by _____, that I am receiving the remaining coverage on the above referenced truck. I have received a copy of the original contract and I agree to all existing terms and conditions.

Customer Signature: _____

date: _____

*Mail this completed form with your check for \$250.00, payable to
National Truck Protection, 6 Commerce Drive, Suite 200, Cranford, NJ 07016*

Coverage IS NOT TRANSFERRED Until Payment Has Been Received by NTP