



# DEALER ACKNOWLEDGEMENT OF REFUND

Please check all applicable products:    GAP:                      Credit Life:                      Credit Disability:

As an authorized representative of the dealership, I confirm the customer's refund for the ancillary products indicated above have been applied in the following manner:

## A. Down payment on a new vehicle

Customer full name: \_\_\_\_\_

Full VIN of canceled product: \_\_\_\_\_

GAP refund amount: \_\_\_\_\_ Credit Life refund amount: \_\_\_\_\_ Credit Disability refund amount: \_\_\_\_\_

Date refund applied as down payment: \_\_\_\_\_

Dealership name: \_\_\_\_\_

Dealership associate name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

## B. Issued a refund check to the customer

Customer full name: \_\_\_\_\_

Full VIN of canceled product: \_\_\_\_\_

GAP refund amount: \_\_\_\_\_ Credit Life refund amount: \_\_\_\_\_ Credit Disability refund amount: \_\_\_\_\_

GAP refund issue date: \_\_\_\_\_ Credit Life refund issue date: \_\_\_\_\_ Credit Disability refund issue date: \_\_\_\_\_

Dealership name: \_\_\_\_\_

Dealership associate name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

At any time, I/we understand that Chrysler Capital may request supporting documentation including but not limited to:

1. Copy of check issued to customer
2. Copy of new contract reflecting itemization of down payment and copy of refund check/deposit from product administrator

If you have questions regarding this form, please contact the Chrysler Capital Dealer Acknowledgment Processing Department at 855-763-2448.

**FAX COMPLETED FORM TO CHRYSLER CAPITAL  
DEALER ACKNOWLEDGMENT PROCESSING DEPARTMENT  
AT 877-273-0639**