

FreeStar *Financial*



Request To Waive Collision

Account Number _____ Date _____

Member Name _____

Phone No. _____

Year, Make, Model _____

VIN _____

Store from _____ through _____

Reason for storage _____

Storage Location _____

Must Provide Proof of Comprehensive coverage; Attached: Yes No

Insurance Co. _____

Insurance Co. Phone No. _____

Member's Signature

Employee's Signature (who received the document)

Loan Officer Approval

Lending Staff (processor) and notes