



TRANSFER REQUEST

The remaining coverage under this contract can be transferred, prior to its expiration, for a fee.

Transfer From		Transfer To	
Street Address		Street Address	
City / State / Zip		City / State / Zip	
Phone Number (+ Area Code)		Phone Number (+ Area Code)	
Vehicle Identification Number (VIN)	Vantage Contract Number	Date of Purchase	

THE FOLLOWING INSTRUCTIONS MUST BE FOLLOWED IN ORDER TO TRANSFER THE VANTAGE CONTRACT:

1. This Transfer Request must be submitted within **90 days of purchase**.
2. The following must be included with this Request:
 - a. A copy of the original warranty currently in effect.
 - b. A copy of ONE of the following:
 - i. Bill of Sale
 - ii. State Registration
 - iii. Vehicle title with the new owner's name and address.
 - c. A check made payable to ECP, Inc. for the transfer fee of \$50. *Active* U.S. military are exempt from fee payment – a copy of DD214 Form is necessary to waive the fee.
3. As the new owner, to whom the contract is being transferred, you acknowledge by signing below, that the remaining Vantage Protection Systems coverage, if any, will be transferred to your name.

New Owner's Signature: _____ Date: _____

Mail Transfer Request to: ECP, Inc.
11210 Katherine's Crossing, Ste 100
Woodridge, IL 60517
Documents can be emailed: mberry@ecpinc.net