

**FreeStar Financial**



Take Your Dreams Higher.

**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