NAME:			-
ADDRESS:			
CITY:	STATE:	ZIP:	-
PHONE NUMBER:()		
VEHICLE IDENTIFICATION	ON NUMBER (VIN #)		
Return Request To:			
Milton Ruben Superstore 3514 Washington Rd Augusta, GA 30907			
I understand this Request m product or services we prov as set forth below {please cl	ide. I direct the dealership n		
I direct the dealership no parties, except as permitted		al information about m	ne with non-affiliated third
I direct the dealership no companies, except as permit		al information about m	ne among its affiliated

Please note: If you finance or lease another vehicle from our dealership after you submit this Opt Out request, you will receive another copy of our Privacy Policy and Opt Out form. If you wish to Opt Out in connection with your new purchase or lease, you will need to submit another Opt Out request at that time.