



EXCELSIOR SERVICE PLAN REGISTRATION OR CLAIM REGISTRATION FORM

Customer Name:	
Address:	City:
Prov./State:	Postal/Zip code:
Cell #:	Work #:
Email address:	
Retailer Name:	City:
Invoice #:	Type of Service Plan:
Date on invoice:	Date of delivery:
Description of item(s):	
Manufacturer (if applicable):	
Detailed description of the problem:	
Location of problem:	
Date of incident:	
Can you provide photos via email?	



service@soswarranty.com



1-800-661-7313

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