

# WARRANTY VERIFICATION FORM



WARRANTY DEPARTMENT  
XCELUS® Building Systems  
4400 MacArthur Blvd  
Suite 101  
Washington, DC 20007  
1-800-205-6131

To receive your Limited Lifetime Warranty, please fill out **SECTIONS I & II** of this form and email it to our Warranty Department at [support@xcelusbuildingsystems.com](mailto:support@xcelusbuildingsystems.com). Once reviewed your submission, we will get back to you with your confirmation and warranty number.

## SECTION I: GENERAL INFORMATION

Owner Name:		Name of Contractor:		
Owner Email Address:		Owner Phone Number:		
Property Address:	Suite/Apt#:	City:	State:	Zip Code:
Mailing Address (if different):	Suite/Apt#:	City:	State:	Zip Code:

## SECTION II: PROJECT INFORMATION

*Please include as much relevant information as possible.*

Building Name (if any):				
Building Address:	Suite/Apt#:	City:	State:	Zip Code:
Type: <input type="checkbox"/> First Single-Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Other	Building Description:			
Area Where SPF Was Applied: <i>Check all that apply.</i> <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling <input type="checkbox"/> Roof Deck <input type="checkbox"/> Crawl Space	Date SPF Was Applied: / /	Date of Occupancy: / /		
Product: <input type="checkbox"/> XLS 2000 <input type="checkbox"/> XLS 500	Batch#:			

## SECTION III: FOR OFFICE USE ONLY – DO NOT FILL OUT.

Warranty#:	Verified By:	Date Verified: / /
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