FORD PROTECT

SCHEDULED SERVICE PLAN

** Mandatory fields*

SSP Contract Application Number :

Customer Information

Title : | *First Name | *Last Name :

*Address :

*City : | Province : | Zip Code:

*Landline No. | *Mobile No. | *E-mail :

Vehicle Information

*Model : | *Model Year :

*Vehicle Details : ◯ Gasoline ◯ Diesel ◯ Alternative Fuel ◯ 4x2 ◯ 4WD

Vehicle Tranmission ◯ Automatic ◯ Manual

*VIN | *Plate No/CS No:

Engine no. : | *Date of Vehicle first registration :

*Vehicle Purchase Price (incl. VAT) : | *Current Odometer:

Plan Information

*Type of Plan
(Tick one only)

☐ **12 months / 20,000 km.**
☐ **24 months / 40,000 km.**
☐ **36 months / 60,000 km.**
☐ **48 months / 80,000 km.**
☐ **60 months / 100,000 km.**

◯ FREE ◯ RETAIL

***Plan Price (Incl. VAT) :**

***Payment Source :**

◯ Cash ◯ Credit Card ◯ Financing

*Dealer Name :
*Dealer Code :
*Salesperson Name :
Position :
*Reference Number

*SSP Card No.

*DECLARATION

I declare that I have received, read, understood and retained the Ford Protect Scheduled Service Plan and agree to be bound by its terms and conditions. The information I have provided on this application is truthful and complete.

*Customer Signature | *mm/dd/yyyy | *Dealer Signature

This document is an application form, not a proof of entitlement. You will be provided with a Scheduled Service Plan pack, as your proof of entitlement, together with a copy of this application.

For internal use only

ESB Contract ID in Servis2:

Date Encoded:

Encoded by:

SSP REV.1 05/2016