MONTHLY REMITTANCE STATEMENT - Warranty Premium

Month:	Dealer:

Please mail by the 10th business day of each month

CUSTOMER NAME	NEW ☑	RENEWAL ☑	CONTRACT NUMBER	PRODUCT	WARRANTY (Dealer Cost)

Total Warranty	
GST/HST	
TOTAL TO IWS	

Integrated Warranty Systems

Integrated Warranty Systems
140 Fullarton Street, Suite 1100
London, ON N6A 5P2
1-800-862-7184
warranty@iwsinc.ca

Please make cheque payable to ***"INTEGRATED WARRANTY SYSTEMS"***

AUTHORIZED SIGNATURE _____