MONTHLY REMITTANCE STATEMENT - Warranty Premium

Month:	Dealer:

Please mail by the 10th business day of each month

CUSTOMER NAME	CONTRACT NUMBER	PRODUCT	Warranty (Dealer Cost)
		Total Warranty Premium	
		GST/HST	
		TOTAL TO IWS	

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

Please make cheque payable to ***"IWS"***

AUTHORIZED SIGNATURE _____