


MONTHLY REMITTANCE STATEMENT - Credit Insurance and Warranty Premium

Month:	Dealer:
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Please mail by the 10th business day of each month

CUSTOMER LAST NAME	CERT. NUMBER	RETAIL INSURANCE PREMIUM			WARRANTY (Dealer Cost)
		LIFE	DISABILITY	AD / ADP	



INTEGRATED WARRANTY SYSTEMS Inc.
 495 Richmond St. Suite300
 London, Ontario N6A 5A9
 1-800-862-7184 Fax: (519) 672-6247

Total Life	Total Disability	Total AD/ADP	Total Warranty
a)	d)	g)	j)
Dealer Profit a) x commission %	Dealer Profit d) x commission %	Dealer Profit g) x commission %	GST/HST j) x tax rate
b)	e)	h)	k)
To IWS (a) - b)	To IWS (d) - e)	To IWS (g) - h)	To IWS (j) + k)
c)	f)	i)	l)

Please make cheque payable to "INTEGRATED WARRANTY SYSTEMS" for

\$
c) + f) + i) + l)

AUTHORIZED SIGNATURE _____

DATE _____