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	$ -
GST/HST	
TOTAL TO IWS	$ -

INTEGRATED WARRANTY SYSTEMS Inc.
495 Richmond St., Suite 300
London, Ontario N6A 5A9
1-800-862-7184 Fax: (519) 672-6247

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