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	
Integrated Warranty Systems	Integrated Warranty Systems 495 Richmond St., Suite 300 London, Ontario N6A 5A9	GST/HST TOTAL TO IWS	



London, Ontario N6A 5A9 1-800-862-7184 warranty@iwsinc.ca

DI 1 1 1 1 1 1	"""	
Please make cheque payable to	"IWS"	

|--|