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
	V	Ø			(Dealer Cost)
				Total Warranty	
INTEGRATED WARRANTY SYSTEMS Inc.			GST/HST		
495 Richmond Street, Suite 300 London, Ontario N6A 5A9				TOTAL TO IWS	
1-800-862-7184					

Please make cheque payable to "INTEGRATED WARRANTY SYSTEMS"

warranty@iwsinc.ca

AUTHORIZED SIGNATURE