***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) |
|---|---|---|---|
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| | | *Total Warranty Premium* | |
| | | | |
| | | *TOTAL TO IWS* | |

IWS Creditor Group
495 Richmond St., Suite 300
London, Ontario N6A 5A9
1-800-862-7184 Fax: (519) 672-6247

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

AUTHORIZED SIGNATURE _____