

MONTHLY REMITTANCE STATEMENT - Warranty Premium

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

[illegible]

IWS Creditor Group
495 Richmond St., Suite 300
London, Ontario N6A 5A9
1-800-862-7184
warranty@iwsinc.ca

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

AUTHORIZED SIGNATURE _____