## 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	
IWS Creditor Group		Premium	
495 Richmond St., Suite 300 London, Ontario N6A 5A9		TOTAL TO IWS	

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"

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