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 (Dealer Cost)
					_

CUSTOMER NAME	NEW	RENEWAL	CONTRACT NUMBER	PRODUCT	WARRANTY (Dealer Cost)
				Total Warranty	
INTEGRATED WARRANTY SYSTEMS Inc.				GST/HST	



INTEGRATED WARRANTY SYSTEMS Inc. 495 Richmond Street, Suite 300 London, Ontario N6A 5A9 1-800-862-7184 warranty@iwsinc.ca

Total Warranty	
GST/HST	
TOTAL TO IWS	

Please make cheque payable to "INTEGRATED WARRANTY SYSTEMS"

AUTHORIZED SIGNATURE	