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 Premium	
Warranty Systems 495 Ric London	ditor Group hmond St., Suite 300 , Ontario N6A 5A9 62-7184		
		TOTAL TO IWS	

warranty@iwsinc.ca Please make cheque payable to "*IWS*"