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 Rick London 1-800-8	ed Warranty Systems hmond St., Suite 300	GST/HST TOTAL TO IWS	
	, Ontario N6A 5A9 62-7184 ty@iwsinc.ca		

Please make cheque payable to "IWS"