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	
GST/HST	
TOTAL TO IWS	

INTEGRATED WARRANTY SYSTEMS Inc.
1100-140 Fullarton Street
London, Ontario N6A 5P2
1-800-862-7184

Please make cheque payable to ***"INTEGRATED WARRANTY SYSTEMS"***

AUTHORIZED SIGNATURE ______________________________