

MONTHLY REMITTANCE STATEMENT - Warranty Premium

Month:	Dealer:
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Please mail by the 10th business day of each month

CUSTOMER NAME	NEW <input checked="" type="checkbox"/>	RENEWAL <input checked="" type="checkbox"/>	CONTRACT NUMBER	PRODUCT	WARRANTY (Dealer Cost)

<i>Total Warranty</i>	
<i>GST/HST</i>	
<i>TOTAL TO IWS</i>	



Integrated
Warranty Systems

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

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

AUTHORIZED SIGNATURE _____