MONTHLY REMITTANCE STATEMENT - Warranty Premium

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

| CUSTOMER NAME | CONTRACT NUMBER | PRODUCT | Warranty (Dealer Cost) |
|-----------------------------|--|-------------------------|---------------------------|
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| Integrated Warranty Systems | | Total Warranty Premium | |
| Integrated | 1100 - 140 Fullarton Street London, Ontario N6A 5P2 | GST/HST TOTAL TO IWS | |

London, Ontario N6A 5P2 1-800-862-7184 warranty@iwsinc.ca

Please make cheque payable to "IWS"