MONTHLY REMITTANCE STATEMENT - Warranty Premium

Month:	Dealer:

Please mail by the 10th business day of each month

CUSTOMER NAME	NEW ☑	RENEWAL ☑	CONTRACT NUMBER	PRODUCT	WARRANTY (Dealer Cost)
				Total Warranty	
				GST/HST	
				TOTAL TO IWS	

INTEGRATED WARRANTY SYSTEMS Inc.
495 Richmond Street, Suite 300
London, Ontario N6A 5A9
1-800-862-7184 Fax: (519) 672-6247

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

AUTHORIZED SIGNATURE ______________________________