



INFORMATION REQUIRED FOR THE OPENING OF A PROJECT

PLEASE fill out all the boxes. If not applicable, indicate N/A.

Project no. : _____

Amount declared : _____

	Project	Client
Name		
Address		
Town, Province		
Postal code		
Telephone		
Fax		
Contact		

	General Contractor	Owner
Name		
Address		
Town, Province		
Postal code		
Telephone		
Fax		
Contact		

	Guarantee (bound)	Tenant
Name		
Address		
Town, Province		
Postal code		
Telephone		
Fax		
Contact		

Please return this document duly completed and attach a copy of the guarantee (if applicable)

Email: credit.collection@polygon.ca / Fax: (450) 430-9170