



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 |
|----------------|---------|
| Name | |
| Address | |
| Town, Province | |
| Postal code | |
| Telephone | |
| Email | |
| Lot # | |

| | Client |
|--|--------|
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| | General Contractor |
|----------------|--------------------|
| Name | |
| Address | |
| Town, Province | |
| Postal code | |
| Telephone | |
| *Email* | |
| Contact | |

| | Owner |
|--|-------|
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| | |
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| | |

| | Guarantee (bound) |
|----------------|-------------------|
| Name | |
| Address | |
| Town, Province | |
| Postal code | |
| Telephone | |
| Email | |
| Contact | |

| | Tenant |
|--|--------|
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Please return this document via Email duly completed and attach a copy of the guarantee (if applicable)

Email: credit.collection@polygon.ca