



2125 Fruitbelt Parkway
Niagara Falls, ON L2J 0A5
Phone: 905.262.2000
Fax: 905.262.1766

Personal File Information Sheet

Owner Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Cell: _____ Fax: _____

Email: _____

Project Information

Project Description: _____

Project Manager: _____

Lot Number & Street Address: _____

City or Municipality: _____

Dollar Value of Work: _____

Financial Information

Bank or Lender: _____

Deposit Amount: _____ Payment Type: _____

Date: _____

The above information is required to complete your personal file and will be used for a billing and receivables process only. All payments on the above noted project are due as per the terms and conditions outlined in the contract, Your signature below will acknowledge your understanding and acceptance.

Owner: _____ (Signature) _____ (date)

Cotton Representative: _____ (Signature) _____ (date)