



CASH ACCOUNT - NEW CUSTOMER FORM

HPM Building Supply, 16-166 Melekehwiwa Street, Kea'au, Hawaii 96749

Phone: (808) 966-5466 * Fax: (808) 966-7564 * Email: my.account@hpmhawaii.com

CONTACT INFORMATION

First Name _____ Last Name _____
Business Name/DBA _____

Phone 1: _____ Phone 2: _____
Fax: _____ Email: _____

Billing/Mailing Address: _____
City: _____ State: _____ Zip: _____
Delivery Address _____
City: _____ State: _____ Zip: _____

AUTHORIZED PURCHASERS

Name of Person(s) authorized to make purchases:

Name:	Phone:	Email:
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION

Please send my statement: By US Mail - OR - By Email, at email address: _____

Purpose of Account:	<input type="checkbox"/> Building HPM Package Home	Provide TMK #: _____
	<input type="checkbox"/> Building a Custom Home	Provide TMK #: _____
	<input type="checkbox"/> Contracting	Provide License #: _____
	<input type="checkbox"/> Other	Provide Description: _____

Estimated Annual Spending: _____

Do you qualify as a Reseller or Wholesaler? Yes No If yes, please complete the attached **Form G-17**

Do you wish to have a credit card on file?: Yes No If yes, please complete the attached **Token Authorization Form**

ACKNOWLEDGEMENT

Submitted By: _____ **Date:** _____

Return form to (check one):

- | | | |
|--|-----------------------|---------------------|
| <input type="checkbox"/> Corporate Office - 16-166 Melekehwiwa Street - Kea'au, HI 96749 | Phone: (908) 966-5466 | Fax: (808) 966-7564 |
| <input type="checkbox"/> Hilo Branch - 380 Kanoelehua Avenue - Hilo, HI 96720 | Phone: (808) 935-0875 | Fax: (808) 934-4355 |
| <input type="checkbox"/> Waimea Branch - 64-1027 Mamalahoa Highway - Kamuela, HI 96743 | Phone: (808) 885-6036 | Fax: (808) 885-5508 |
| <input type="checkbox"/> Kona Branch - 74-5511 Luhia Street - Kailua-Kona, HI 96743 | Phone: (808) 334-4200 | Fax: (808) 334-4216 |
| <input type="checkbox"/> Campbell Branch - 91-302 Hanua Street - Kapolei, HI 96707 | Phone: (808) 682-8560 | Fax: (808) 685-8565 |
| <input type="checkbox"/> Lawai Branch - P.O. Box 630 - Lawai, HI 96765 | Phone: (808) 332-7376 | Fax: (808) 332-9649 |
| <input type="checkbox"/> Kapaa - 5688 Kawaihau Road - Kapaa, HI 96746 | Phone: (808) 977-7315 | Fax: (808) 977-7311 |

Please do not write below this line (For HPM internal use only)

PP: _____	Customer Code: _____
Branch Manager Approval: _____	Date Approved: _____
Entered By: _____	Date Entered: _____

**RESALE CERTIFICATE FOR GOODS
GENERAL FORM 1**

(PLEASE PRINT OR TYPE)

To _____
Name of Seller

Address of Seller

Date of this Certificate

City State Postal/ZIP Code

The undersigned hereby certifies the following under the penalties set forth in section 231-36, Hawaii Revised Statutes (HRS), as Purchaser or as an authorized agent or representative of the named Purchaser:

That the Purchaser is the holder of Hawaii Tax Identification No. **GE** _____ - _____ - _____ - _____ under the General Excise Tax Law and subject to the taxing jurisdiction of the State.

That the nature and character of the Purchaser's business is:

That this Certificate, until revoked by notice in writing, shall apply to all purchases of tangible personal property which the Purchaser shall purchase from the Seller named above except those orders which the Purchaser specifies by notice in writing that this Certificate does not apply.

That all of the purchases of tangible personal property to which this Certificate applies:

- are purchases for resale at retail or leases under Chapter 237, HRS; **and/or**
- are purchases for resale at wholesale under Chapter 237, HRS;

That the Purchaser, pursuant to section 237-13(2)(F)(i), HRS, and section 18-237-13-02(d)(2)(B), Hawaii Administrative Rules, shall pay to the seller the amount of any additional tax imposed upon the seller with respect to any transactions covered by this certificate.

Name of Purchaser

Signature

Address of Purchaser

Print Name of Signatory

City State Postal/ZIP Code

Title (Owner, Partner or Member, Officer, or Duly Authorized Agent) Date

Seller should retain this Certificate for Seller's files. Do NOT send to the Department of Taxation.

Credit Card Token Authorization Form



HPM's point-of-sale system can generate a unique and random identification token ("Card on File Token") so that a Customer's credit card can be charged as payment for multiple orders. Once created, the Card on File Token can be used securely towards purchases in place of the physical credit card being present. The cardholder's data will not be retained in the point-of-sale system, but instead will be replaced by the identification token only.

HPM will not share and/or disclose cardholder information for any reason. Card information obtained for the purpose of creating a Card on File Token must be hand-delivered to an authorized Branch associate. Tokens will be created immediately upon receipt of card information. The associate will securely dispose (cross-shred) any hand-written card information immediately following Card on File Token creation.

_____ (Cardholder's Name), authorizes HPM to obtain his/her card information today, _____ (Date Card Information Obtained), for the purpose of creating a Card on File Token. This Token will be effective from _____ (Date Card Information Obtained), to _____ (Date Card Expires or 2 years from today's date, whichever date is earliest) and used only on the HPM Account named _____.

By signing here, _____ (Cardholder's Signature), understands that;

- Card information will not be retained by HPM once a Card on File Token is created;
- Any card information collected will be securely disposed of once a Token is created; and
- Purchases utilizing the Card on File Token must be authorized expressly by the Cardholder.

Note: Card information must not be transcribed on this Acknowledgement.

Administrative Use Only

Customer Code (Account Number) _____

Customer Name _____