



NEW JOB ACCOUNT REQUEST FORM

Send your completed form to HPM's Corporate Credit Department via email to my.account@hpmhawaii.com, fax (808) 966-7564, or hand delivery to any HPM branch. If you have any questions, please call (808) 966-5466.

ACCOUNT

Customer Account Name: _____ Account Number _____
Contact Name _____ Position/Title _____
Contact Phone _____ Email _____

GENERAL CONTRACTOR (Must be completed if job is subcontracted)

Company Name _____ Contact Name _____
Contact Phone _____ Email _____
Address _____
City: _____ State: _____ Zip: _____

JOB

Job Name _____
Tax Map Key Number (TMK) _____ Job Number _____
Anticipated Start/End Dates From: _____ To: _____ Tax Exempt? Yes No If Yes, please provide documentation.
Address _____
City: _____ State: _____ Zip: _____

OWNER OF PROJECT

Owners Name(s) _____
Contact Phone _____ Email _____
Address _____
City: _____ State: _____ Zip: _____

DESIRED CREDIT LIMIT AND BONDING

Desired Credit Limit for this Job _____ **A Joint Check Agreement is required on all subcontracted jobs over \$20,000.00**
Will this be a Bonded Job? Yes No If Yes, please complete the section below and attach a copy of the Payment Bond
Bonding Company _____ Bonding Agent _____
Bond Number _____ Contact Phone _____

A copy of the "Payment" Bond is required on all jobs over \$20,000.00

FOR HPM INTERNAL USE ONLY

Additional Notes: _____

Submitted By (Associate) _____ Date _____
Approved By (Credit) _____ Date _____