

New Job Account Request Form

HPM Building Supply, 16-166 Melekehwa Street, Keaau, HI 96749

PHONE: (808)966-5466 / FAX: (808)966-7564 / EMAIL: my.account@hpmhawaii.com



Please complete all information requested to ensure timely processing of this request.

ACCOUNT

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

GENERAL CONTRACTOR *(Must be completed if job is subcontracted)*

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

JOB

Job Name: _____
Tax Map Key # (TMK) _____ Job Number: _____
Anticipated Start/End Date From: _____ To: _____ Tax Exempt? ☐ YES ☐ NO
Address _____ If YES, please provide documentation
City: _____ State: _____ Zip: _____

OWNER OF PROJECT

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

DESIRED CREDIT LIMIT

Desired Credit Limit for this Job \$ _____ A Joint Check Agreement may be required

BONDING

Will this be a bonded job? ☐ Yes ☐ No If Yes, please complete the section below.

Bonding Company: _____ Bonding Agent: _____
Bond Number _____ Contact Phone: _____

A copy of the "Payment" Bond may be required.

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