



NEW JOB ACCOUNT REQUEST FORM

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

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 _____