## **Customer Account Maintenance Form**

HPM Building Supply, 16-166 Melekahiwa Street, Keaau, HI 96749 PHONE: (808)966-5466 / FAX: (808)966-7564 / EMAIL: <a href="mailto:my.account@hpmhawaii.com">my.account@hpmhawaii.com</a>



Account Name:	Account Code:					
ACCOUNT INFORMATION:	Update the follow	wing				
Mailing Address:		City:	State	: Zip:		
Phone:		Fax:				
Primary Contact Person:			Title	:		
· ·				:		
Billing Contact Person:				:		
Email:			Phono			
AUTHORIZATION TO CHAR	RGE					
ADD: Name of Person(s) auth	orized to create sale	es orders, pick up ord	ders, and request info	rmation on this account:		
Name:	Title:	Phone	Email	Allow eCommerce	Allow to make acct.	
Name.	ritie.	Piloffe	Ellidii	Orders	changes	
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<b>DELETE:</b> Name of Person(s) no <b>Name:</b>	o longer authorized	to create sales order	rs, pick up orders, and	I request information on	this account:	
SIGNATURE						
l authorize the above chang	ges on my account	t, effective immed	iately			
Authorized Signature		Print N	Print Name			
Title		Date				
Return completed form to	any HPM location	n or send the com	oleted form via ema	ail to my.account@hpr	nhawaii.com	
For HPM Internal Use Only						
Updated by:			Date:			