



Bluff View Bank

Member FDIC | Equal Housing Lender

Secure Contact Us Form

| | | | | | |
|--|------------------------------------|--------------------------|-------------------|---------------------|--|
| First Name: | | Last Name: | | | |
| Submitted on: | | | | | |
| How would you like to be contacted? (required) | <input type="radio"/> Telephone | | | | |
| | <input type="radio"/> Fax | | | | |
| | <input type="radio"/> Regular Mail | | | | |
| | <input type="radio"/> E-Mail | | | | |
| Please Complete This Section | | | | | |
| Your Name | | E-Mail Address | | | |
| _____ | | _____ | | | |
| Mailing Address | Address Line 1 _____ | | | | |
| | Address Line 2 _____ | | | | |
| | City _____ | State _____ | ZIP Code _____ | | |
| Area Code/Phone No. | _____ | | | | |
| Fax Number w/Area Code | | Best Time To Call | | Company Name | |
| _____ | | _____ | | _____ | |
| Comments: | | | | | |
| Comments (required) | _____ | | | | |