



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)	_____				