



M. HOLLAND CANADA COMPANY

ISO REQUIRED

New Customer Form

Please Complete All Fields

Date: _____

Bill To Address:

Company Name: _____ GST #: _____

Address: _____ QST #: _____

City: _____ Prov: _____ Postal Code: _____

Main Phone #: _____ Main Fax#: _____

Purchasing Contact: _____

Title: _____ Email Address: _____

Credit Contact: _____

Title: _____ E-mail Address: _____

Send Invoices:

Is a P.O. Required? Y N

E-mail: _____ or

Fax #: _____ Attention: _____

Note: All transactions are in USD unless otherwise agreed to in advance by MHCC and customer.

Ship-to Address: (If different from above.)

Company Name (if different than Bill-To): _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone #: _____ Fax #: _____

Note: Your Customer Service Representative will be contacting you for any special shipping or receiving details, along with labeling and certification requirements for your account.

M. Holland Canada Company use ONLY

New Customer #: _____ Ship-To #: _____ Abbreviation: _____

Entered by: _____ Date: _____

Class Code: _____ End User Code: _____ Salesperson: _____