



# Client Information Form

**ISO REQUIRED**

*Please complete all fields. Sections notated with \*\* are NOT needed for the addition of a ship to location.*

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Check the appropriate box:  **New Client**  **New Ship to Address**  **Client Reactivation**

**Bill To Information** (Provide full address or M. Holland account number)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ M. Holland Account Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

**\*\*Contact Information**

Purchasing Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\*Send Invoices**

PO required?  **Y**  **N**

Email: \_\_\_\_\_ OR Fax: \_\_\_\_\_ Attention: \_\_\_\_\_

**Tax Exempt Information** (For U.S. shipments)

Are your orders to M. Holland sales tax-exempt?  **Y**  **N**

**Please attach valid sales tax exemption certificates for all ship-to states.**

**Ship To Information** (Final destination)

Company Name (of ship to location): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Freight Forwarder/Broker Information** (Required for international shipments)

Will you use an M. Holland approved broker?  **Y**  **N** **If no, complete the section below.**

Freight Forwarder Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Incoterms: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



# Client Information Form

ISO REQUIRED

## Certification Requirements

M. Holland Certs:  Y  N      Manufacturer Certs:  Y  N  
 Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Are certs needed with driver?  Y  N

## Railcar Information (If needed)

Delivering Carrier: \_\_\_\_\_ BOL required?  Y  N  
 Customer Identification File (CIF) Railinc Verification (Required): \_\_\_\_\_

## Delivery Requirements

### Package Sizes

Bags	<input type="checkbox"/> Y <input type="checkbox"/> N	Can you receive odd weights?	<input type="checkbox"/> Y <input type="checkbox"/> N
Boxes	<input type="checkbox"/> Y <input type="checkbox"/> N	Can you receive odd weights?	<input type="checkbox"/> Y <input type="checkbox"/> N
Bulk	<input type="checkbox"/> Y <input type="checkbox"/> N	Can you receive odd weights?	<input type="checkbox"/> Y <input type="checkbox"/> N
Drum	<input type="checkbox"/> Y <input type="checkbox"/> N	Can you receive odd weights?	<input type="checkbox"/> Y <input type="checkbox"/> N
Super Sack	<input type="checkbox"/> Y <input type="checkbox"/> N	Can you receive odd weights?	<input type="checkbox"/> Y <input type="checkbox"/> N

What modes of delivery can you accept? Bulk Truck  Y  N      Truckload  Y  N

If you accept truckload, will you accept early deliveries?  Y  N

If yes, how many days early?  1  2  3

Is a dock appointment required?  Y  N

If yes, provide name/number: \_\_\_\_\_

Receiving Hours: \_\_\_\_\_

Our standard shipping label includes:

<input type="checkbox"/> Ship From Address	<input type="checkbox"/> Customer PO #	<input type="checkbox"/> M. Holland Description	<input type="checkbox"/> Load #
<input type="checkbox"/> Ship To Address	<input type="checkbox"/> M. Holland Part	<input type="checkbox"/> M. Holland Batch	<input type="checkbox"/> Weight (lbs)

Additional label selections (when applicable):

<input type="checkbox"/> Vendor	<input type="checkbox"/> Unit Weight	<input type="checkbox"/> Formula
<input type="checkbox"/> Mfg. Batch Number	<input type="checkbox"/> Customer Part #	<input type="checkbox"/> Date

Note any special instructions, such as "hand jack required."

---



---

Please send the completed form to [client@mholland.com](mailto:client@mholland.com).



# Client Information Form

**ISO REQUIRED**

## FOR INTERNAL USE ONLY

Select which M. Holland entity is providing material:

MHC     MHCC     MHES     MHL     MHEBV     MHPR

AM: \_\_\_\_\_ TDE: \_\_\_\_\_

SAM: \_\_\_\_\_ KAM: \_\_\_\_\_

CXP: \_\_\_\_\_ Credit Manager: \_\_\_\_\_

Credit Limit Request: \_\_\_\_\_ Terms of Payment: \_\_\_\_\_

Existing Prospect  Y  N    **If yes**, Salesforce Prospect Number: \_\_\_\_\_

Primary Process: \_\_\_\_\_ Market Segment: \_\_\_\_\_

Application/End Use: \_\_\_\_\_

OEM: \_\_\_\_\_

For existing accounts, client number: \_\_\_\_\_