

# HOLLAND IMPORTS

2306 Madison Avenue  
 Burnaby, BC V5C 4Y9  
 Tel: (604) 299-5741 // 1 (800) 916-9385  
 Fax: (604) 299-1301 // 1 (800) 916-9386

## RETURN AUTHORIZATION FORM

Claim # _____
Date Issued _____
<i>FOR OFFICE USE ONLY</i>

Account # _____	Name of Contact _____
Company _____	Telephone _____
Address _____	Fax _____
_____	Email _____
City _____	Date _____
Province _____	

DEFECTIVE / DAMAGED  
 SHORT / OVER-SHIPED  
 PRICING ERROR / FREIGHT ERROR  
 INCORRECT ITEM RECEIVED  
 OTHER

ITEM #	DESCRIPTION	QUANTITY	COST	REASON FOR REQUEST	OUR INVOICE #	YOUR REF # (P.O.)
1	Item:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Issue:					
2	Item:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Issue:					
3	Item:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Issue:					
4	Item:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Issue:					
5	Item:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Issue:					
6	Item:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Issue:					
7	Item:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Issue:					

**Note: 15% restocking charge may apply on some returns**  
 Please submit this form to: [customer.service@hollandimports.com](mailto:customer.service@hollandimports.com) or fax 1 (800) 916-9386