

# HOLLAND IMPORTS

**ALL RETURNS SHIPPED TO:**

HOLLAND IMPORTS DC  
7990 Hoskin Street  
Delta, BC V4G 1M4

# RETURN AUTHORIZATION FORM

**HEAD OFFICE**

Tel: (604) 299-5741 // 1 (800) 916-9385  
Fax: (604) 299-1301 // 1 (800) 916-9386

Account # \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_

Name of Contact \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Date \_\_\_\_\_

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

ITEM #	ITEM DESCRIPTION	REASON FOR REQUEST	QUANTITY	COST	OUR INVOICE #	YOUR REF # (P.O.)
1		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Other (please specify in space below): <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received				
2		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Other (please specify in space below): <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received				
3		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Other (please specify in space below): <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received				
4		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Other (please specify in space below): <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received				
5		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Other (please specify in space below): <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received				
6		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Other (please specify in space below): <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received				
7		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Other (please specify in space below): <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received				

**Note: 15% restocking charge may apply on some returns. Please provide photos of defective items.**

Please submit this form to: [customer.service@hollandimports.com](mailto:customer.service@hollandimports.com) or fax 1 (800) 916-9386