

# HOLLAND IMPORTS

## ALL RETURNS SHIPPED TO:

HOLLAND IMPORTS DC  
41844 No. 3 Road  
Chilliwack, BC V2R 5E9

# RETURN AUTHORIZATION/CLAIM 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"/> Short / Over-shipped <input type="checkbox"/> Pricing Error <input type="checkbox"/> Incorrect Item Received <input type="checkbox"/> Freight Error <input type="checkbox"/> Other (please specify in space below):				
2		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received <input type="checkbox"/> Freight Error <input type="checkbox"/> Other (please specify in space below):				
3		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received <input type="checkbox"/> Freight Error <input type="checkbox"/> Other (please specify in space below):				
4		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received <input type="checkbox"/> Freight Error <input type="checkbox"/> Other (please specify in space below):				
5		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received <input type="checkbox"/> Freight Error <input type="checkbox"/> Other (please specify in space below):				
6		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received <input type="checkbox"/> Freight Error <input type="checkbox"/> Other (please specify in space below):				
7		<input type="checkbox"/> Defective / Damaged <input type="checkbox"/> Short / Over-shipped <input type="checkbox"/> Pricing Error / Freight Error <input type="checkbox"/> Incorrect Item Received <input type="checkbox"/> Freight Error <input type="checkbox"/> Other (please specify in space below):				

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

Please submit this form to: [sales@hollandimports.com](mailto:sales@hollandimports.com) or fax (604) 299-1301 // 1 (800) 916-9386