

# HOLLAND IMPORTS

## ALL RETURNS SHIPPED TO:

HOLLAND IMPORTS DC

41844 No. 3 Road

Chilliwack, BC V2R 5E9

# RETURN AUTHORIZATION FORM

## HEAD OFFICE

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

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

Account # \_\_\_\_\_

Name of Contact \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_

Date \_\_\_\_\_

Province \_\_\_\_\_

Claim # \_\_\_\_\_

Employee Name \_\_\_\_\_

Date Issued \_\_\_\_\_

FOR OFFICE USE ONLY

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