

**ALL RETURNS SHIPPED TO:****HOLLAND IMPORTS DC**41844 No. 3 Road  
Chilliwack, BC V2R 5E9

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

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

# RETURN AUTHORIZATION/CLAIM FORM

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

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

**HEAD OFFICE**

Tel: (236) 521-8969

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

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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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@hollandindustrialsupply.com or fax (604) 299-1301 // 1 (800) 916-9386