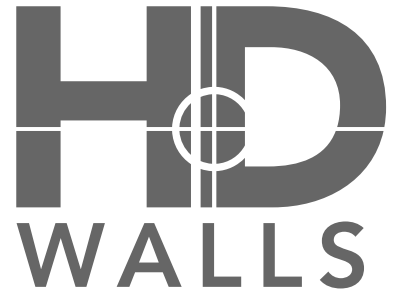


**WALLCOVERING RECLAMATION PROGRAM
MATERIAL RETURN AUTHORIZATION FORM**



Form to be completed by customer and/or distributor, sales representative.

Project Start Date _____

HD Walls Customer Information

Date _____ Distributor _____

Customer _____ Representative _____

Address _____

City _____ State _____ Zip _____ Phone _____

Return Material Description

PO number for new material _____ Quantity Ordered _____

Project Name _____ Job Site Location _____

Company _____ Contact _____

Address _____

City _____ State _____ Zip _____ Phone _____

Quantity to be returned _____ linear yards _____ width _____ height _____

Material condition _____

Manufacturer (if known) _____ Pattern/color _____

Sample Return Detail

Send an 8x10 inch sample of each type of wallcovering you would like to return*

Number of samples returned _____ (one sample is required for each pattern to be returned)

Upon successful analysis, the appropriate number of bags, ties, and labels will be shipped.

Shipping Information for Bags

Company _____ Attn _____

Address _____

City _____ State _____ Zip _____ Phone _____

Return completed form by mail, fax or email to:

HD Walls

Attn: Wallcoverings Reclamation Dept.

40 Vanderhoof Ave.

Rockaway, NJ 07866

PH: 973-625-5570 FAX: 973-625-5917

recycle@hdwalls.com

**Your submitted sample will be reviewed for content screening before they can be included in this program to ensure all material returned meets quality, environmental and safety standards for reclamation and reuse.*