

OMNOVA Solutions

Wallcovering Reclamation Program Return Form

Form to be completed by Distributor Sales Representative:

DISTRIBUTOR: _____ DISTRIBUTOR SALES REP. _____

PHONE: _____

Customer Information:

NAME _____ PHONE: _____

ADDRESS: _____

ESTIMATED LINEAR YARDS OF WALLCOVERING TO BE RETURNED* _____

ESTIMATED DATE MATERIAL WILL BE RETURNED _____

GENERAL COLOR/PATTERN DESCRIPTION (MANUFACTURER IF KNOWN) _____

P.O. NUMBER FOR NEW WALLCOVERING _____ NUMBER OF YARDS ORDERED** : _____

Once the form is received the appropriate number of bags, ties and address labels will be shipped.

Shipping information for bags, ties and address labels:

COMPANY NAME: _____

ATTN: _____

ADDRESS _____

CITY, STATE, ZIP _____

Return completed form by mail, fax or e-mail to the following:

Wallcovering Reclamation Program

133 Yorkville Rd. East

Columbus, MS 39702

Fax: 662-243-7700

E-mail: reclamation@omnova.com

* Any fabric backed vinyl wallcovering or OMNOVA wallcovering with ECORE™ Advanced Wall Technology is eligible for this program.

** One linear yard of material can be returned for each linear yard of new material purchased

For OMNOVA use only:

Tracking number: _____ Date received: _____



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