

# Responsible Return Program

## Reclamation Authorization Form

This form must be completed prior to shipment per fabric.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

If returning Xorel, check one of the boxes:

Xorel (Unbacked)      Xorel (Acrylic/Heavy Acrylic)      Xorel (X-Protect Wall)      Xorel (X-Protect Sit)

Other backing or finish added: \_\_\_\_\_

If returning Non-Xorel fabric, list out the content and check one of the boxes:

Content: \_\_\_\_\_

Unbacked      Acrylic/Heavy Acrylic      Woven      Non Woven

Other backing or finish added: \_\_\_\_\_

Estimated Amount of Linear Yards to be Returned \_\_\_\_\_

Project Name \_\_\_\_\_

Project Contact/Contractor \_\_\_\_\_

Job Site Address \_\_\_\_\_

Estimated Return Date \_\_\_\_\_

Would you like your local sales rep to reach out to assist with a new order for this project?

If yes, please add your contact information here:

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Your Signature \_\_\_\_\_

Your Title \_\_\_\_\_

Date \_\_\_\_\_