



854 Lowcountry Blvd. | Suite 101  
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www.gobdp.com

**CLAIM FORM: All returns must be made within 60 days of purchase; receipt required**

Date of Claim: \_\_\_\_\_

1. Name \_\_\_\_\_

2. Telephone Number(s) \_\_\_\_\_

3. Email (if applicable) \_\_\_\_\_

4. Address \_\_\_\_\_

5. Reason for product use \_\_\_\_\_

6. Make / Model / Year / Mileage \_\_\_\_\_

7. Check box for product used:

BlueDevil Head Gasket Sealer (32oz)

BlueDevil Head Gasket Sealer: Pour-N-Go (16oz)

BlueDevil Radiator & Block Sealer

BlueDevil Oil Stop Leak

BlueDevil Rear Main Sealer

BlueDevil Transmission Sealer

BlueDevil Power Steering Stop Leak

BlueDevil Hydraulic Stop Leak

Red Angel A/C Stop Leak (2oz)

Red Angel A/C Stop Leak Aerosol

**Please answer all questions completely before form submittal:**

1. Who installed the product in your vehicle?

Personal Application

Certified Mechanic: (Name & Phone) \_\_\_\_\_

Other: (Name & Phone) \_\_\_\_\_

2. Based on the capacity table, which content amount was used in your installation?

.5 Quart    1 Quart    1.5 Quarts    2 Quarts    2.5 Quarts

3. How many applications were used on the vehicle?

4. Was your vehicle able to maintain idle for 50 minutes?    Yes    No

*(Note: Before Filing a claim, remember that the exhaust system may produce smoke for several hours before it can clear itself out)*

5. What mixing agent was used during the installation?    Anti-Freeze    Water

6. Name, location and phone number of place of purchase: \_\_\_\_\_

7. Additional Comments: \_\_\_\_\_

I, the undersigned, declare that I am the owner of the vehicle referred to in this claim and that the directions for use were followed exactly as stated on the product label without any deviation. I also declare that after using the above mentioned BlueDevil Product, as directed, the product was unable to make its intended repair as specified on the label. BlueDevil Products is not liable for any damages due to product misuse, misdiagnosis, or pre-existing vehicle conditions.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I certify that all above statements made on this claim form are true and accurate. Any deliberate attempt to obtain a money back payment by falsification of any information may constitute fraud.

Once complete, please fax form with a copy of the receipt to 843-352-2929 OR attach form and scan receipt in an email to: [claims@gobdp.com](mailto:claims@gobdp.com). Expect to be contacted 1 - 3 business days from receipt of faxed claim form.

**Please retain your receipt and empty bottle for claim.**