

CLAIM FORM

ALL RETURNS MUST BE MADE 60 DAYS FROM DATE OF PURCHASE

Date of Claim: _____

1. Name: _____

2. Telephone Number (s): _____

3. Email (if applicable): _____

4. Address: _____

5. Reason for use of product: _____

6. Make/Model/Year/Mileage: _____

7. Check box for product used: Blue Devil Red Angel White Shepherd

Q & A for Blue Devil Head Gasket Sealant Claims

Red Angel & White Shepherd claims please explain your experience in the additional comments section.

1. Who installed the Blue Devil product in your vehicle?

Personal Application Certified Mechanic* Other*

**Please list name and phone number for mechanic or other:* _____

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

½ Quart 1 Quart 1 ½ Quart 2 Quarts 2 ½ Quarts

**How many applications were used on the vehicle?* _____

3. Was your vehicle able to maintain idle for 50 minutes*?

Yes No

**Note: May take 48 hours to see a repair with Blue Devil*

4. What mixing agent was used during installation?

Anti-Freeze Water

5. Place of purchase and their phone number: _____

Additional Comments: _____

Once form is completed, please fax form with **receipt** to 843-762-0405
OR attach form and scan receipt in an email to: BlueDevilClaims@gmail.com
Expect to be contacted after 48 hours from receipt of faxed claim form.
Please retain your receipt and empty bottle for claim.