



REFUND/REPLACEMENT FORM (9/01/07)

REMINDER: All fields in this Form must be completed by **PRINTING OR TYPING** including the portion to be completed by your tire care professional. Incomplete or illegible Forms will be returned to sender unprocessed. Attach the original product purchase receipt to this form when complete, then send it along with the original Bottle and packaging, in one shipping box to: Noflat Tire Sealant Ltd. #1, 7157 Honeyman Street, Delta, BC, Canada, V4G 1E2

Your Contact Information

Your Name: _____ Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Phone: _____

E-mail address: _____ Alternate Phone: _____

Type of Claim

I want a: (check one) Refund of \$ _____ OR Replacement Product of _____

bottles of _____ fl. oz to replace defective FlatOut Tire Sealant. I want this (Refund or Replacement) because:

Your Signature: _____ Date: _____

Where did you buy your FlatOut Tire Sealant?

Dealer or Store Name: _____ Store Address: _____

City: _____ State/Province: _____

What did you buy from that Dealer: Bottles of FlatOut (enter Quantity) _____ 32 fl. oz. _____ 16 fl oz.

How much did you pay for that product: \$ _____ (the original sales receipt must be attached to this form)

Please have your tire care professional complete this section

(This section is to be completed by the tire repair facility that repaired your flat tire - the one containing FlatOut)

PLEASE PRINT OR TYPE:

Name of repair facility: _____ Name of tire repair person: _____

Vehicle Make: _____ Tire Size: _____ Number of tires repaired: _____

Was there a nail or screw in the tire? _____ Estimated size of that nail or screw _____ (inch)

Estimate volume of Sealant in the repaired tire (one normal coffee cup holds 10 fl oz) _____

Signature of repair person completing this section: _____ Date: _____