



**Please complete the fields below:**

<b>CONSUMER INFORMATION</b>		
First Name / Prénom	Last Name / Nom de famille	
Address / Adresse postale		
Address Line 2 / Adresse postale (ligne 2)		
City / Town	State / Province / Region	Zip / Postal Code
Email Address / Adresse courriel		
Phone Number / Numéro de téléphone		

<b>PRODUCT INFORMATION</b>
Product Lot Number(s) / Numéro de lot

<b>PURCHASE INFORMATION</b>	
Date(s) of Purchase / Date d'achat	Purchase Price(s) / Prix d'achat
Retailer(s) Name / Nom du détaillant	Retailer(s) Location / Emplacement du détaillant
<hr/> Signature <hr/> Printed name / Nom imprimé	Date  _____/_____/_____ Month      Day      Year Mois      Jour      Année

- If you no longer have the product(s) subject to this voluntary recall, please fill out the Product Information above to the best of your recollection.
- If your claim is approved, a refund check will be sent to the name and address of the consumer provided on this Claim Form.

**This Claim Form can be returned by mail to:**

**Odor-Eaters Voluntary Recall for Select Products  
c/o Blistex Inc.  
1800 Swift Drive  
Oak Brook, IL 60523**