



KANO LABORATORIES LLC



Register for the refund of the recalled lubricants:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address for Refund Check: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_

**Possession of the Recalled Unit is Required for a Refund.**

Please specify where you purchased the product: \_\_\_\_\_

I agree that I will send an email of a photo of the recalled product with my initials, today's date, and the word "RECALLED" written on the product or product label to [info@super-lube.com](mailto:info@super-lube.com) to register for my full refund

I agree that I will place the recalled product in a sealed garbage bag in accordance with local laws and dispose of it. I agree that I will not donate it.

I hereby verify that the information I have provided is correct, and that I have complied with all requirements of the above-referenced recall for seeking a refund of the recalled product.