

SETTLEMENT CLAIM FORM
Davis v. VISA, Inc., Case No. 3:13-cv-5125 (N.D. Cal.)

Please read the Notice of Pendency of Class Action and Proposed Settlement (“Notice”) AND all of the following instructions carefully before filling out your Claim Form.

1. You must submit this claim form to receive any cash benefit from this settlement.
2. Type or print legibly in black or blue ink. You must provide **all** requested information to make a claim.
3. Your claim must be submitted under penalty of perjury by signing the affirmation below.
4. **YOUR CLAIM FORM WILL ONLY BE CONSIDERED IF** you send it to: Card Benefit Services, P.O. Box 70867, Henrico, VA 23233 **or** email it to zipcarsettlement@eclaimsline.com. Your claim **MUST** be sent (if by email) or postmarked (if by mail) **no later than June 18, 2015**.
5. Please keep a copy of your completed Claim Form for your records.

PERSONAL INFORMATION

Name: _____

Business Name (if applicable): _____

Street Address: _____

Daytime Phone No.: _____

City, State, Zip Code: _____

Alternate Phone No. (optional): _____

Email Address (optional): _____

AFFIRMATION

I confirm that I made a claim to VISA for damage to a Zipcar vehicle on approximately _____ [DATE] in an amount that was at least \$ _____. I also confirm that, to date, I have not been reimbursed by any other person or entity for the costs associated with that damage.

I swear under penalty of perjury that the information on this claim form is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

The deadline to submit a claim is June 18, 2015