

For Businesses Only:

Businesses must provide the following:

Taxpayer Identification Number

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Select the Employee Size of Business (circle one): 1-10 11-50 50 plus

PART 2: PURCHASE INFORMATION

For questions about completing or submitting your claim, call the Claims Administrator at 1 (877) 368-9020.

Provide the total number of products containing an ODD purchased between April 2003 through December 2008. For example, if you bought 3 computers, write “3” in the corresponding space.

Product Type	Number Purchased
Computers – Laptops or Desktops	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> purchased
Stand-alone ODDs	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> purchased

PART 3: SIGN AND DATE CLAIM FORM

By signing below, I (we) affirm that the information provided in this Claim Form is true and correct.

Signature

Dated

Print Name

Title (if you are filling out this form for a business)

REMINDER LIST

Please make sure that you:

1. Sign and date the Claim Form;
2. Keep a copy of the completed Claim Form for your records;
3. Retain your proof of purchase documentation until your claim is closed. You will be notified if you are required to provide this documentation.
4. Submit your Claim Form **no later than August 1, 2017**, online at www.OpticalDiskDriveAntitrust.com or by mail to In re ODD Products Indirect Purchaser Litigation, P.O. Box 43424, Providence, RI 02940-3424. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested.

Claim Forms must be electronically submitted no later than August 1, 2017 or postmarked no later than August 1, 2017.

Questions? Visit www.OpticalDiskDriveAntitrust.com or call, toll-free, 1 (877) 368-9020

