

On the following pages, you'll find the two forms to complete in order to apply for a refund. Please complete each form in its entirety. Then, save this document (both forms are included in the single document) and [upload it here](#).

- **ESTIMATE FORM** - MasterCard/Visa Antitrust Litigation Claim: on which to list your total receipts from MasterCard and Visa sales for each year between January 1, 2004 and January 25, 2019.
- **CLIENT AGREEMENT** – Payment Card Interchange Fee and Merchant Discount Antitrust Litigation: on which to provide your claim amount, contact information, Tax ID and signature to begin the claim process.

ESTIMATE FORM - MasterCard/VISA Antitrust Litigation

Company Legal Name:

Company Address:

Contact Name:

Contact Email:

Contact Phone:

Estimating Your Claim

Your claim consists of your total receipts from MasterCard and VISA sales between January 1, 2004 and January 25, 2019. Enter (Type) yearly and total claim amounts below. Please be aware that between now and the time that claims are paid, additional information or documentation may be requested of you by the court to support your claim. To minimize this likelihood, your attention to the accuracy of the information you initially provide here is highly recommended.

Total receipts - January 1, 2004 through December 31, 2004 = \$ _____

Total receipts - January 1, 2005 through December 31, 2005 = \$ _____

Total receipts - January 1, 2006 through December 31, 2006 = \$ _____

Total receipts - January 1, 2007 through December 31, 2007 = \$ _____

Total receipts - January 1, 2008 through December 31, 2008 = \$ _____

Total receipts - January 1, 2009 through December 31, 2009 = \$ _____

Total receipts - January 1, 2010 through December 31, 2010 = \$ _____

Total receipts - January 1, 2011 through December 31, 2011 = \$ _____

Total receipts - January 1, 2012 through December 31, 2012 = \$ _____

PAGE TOTAL = \$ _____

The Client agrees that their **typed name**, for the purposes of this Agreement, is legally valid and binding as if the Client had signed the document with ink on paper in accordance with the Uniform Electronic Transactions Act (UETA). **The Client stipulates and agrees that the typed name shown below as the Authorized Client Signer is required on this document.** The Client agrees that by typing his/her name and contact information below that he/she has read this Agreement, thereby asserting that this document becomes a legally binding contractual Agreement and commitment between J.E. Lawrence and Company and the Client.

Authorized Client Signer (Please type):

Authorized Client Signer Title (Please type):

Date: (Please type):

ESTIMATE FORM - MasterCard/VISA Antitrust Litigation

Company Legal Name:

Company Address:

Contact Name:

Contact Email:

Contact Phone:

Estimating Your Claim

Your claim consists of your total receipts taken in via MasterCard and VISA between January 1, 2004 and January 25, 2019. Enter yearly and total claim amounts below. Please be aware that between now and the time that claims are paid, additional information or documentation may be requested of you by the court to support your claim. To minimize this likelihood, your attention to the accuracy of the information you initially provide here is highly recommended.

Total receipts - January 1, 2013 through December 31, 2013 = \$ _____

Total receipts - January 1, 2014 through December 31, 2014 = \$ _____

Total receipts - January 1, 2015 through December 31, 2015 = \$ _____

Total receipts - January 1, 2016 through December 31, 2016 = \$ _____

Total receipts - January 1, 2017 through December 31, 2017 = \$ _____

Total receipts - January 1, 2018 through December 31, 2018 = \$ _____

Total receipts - January 1, 2019 through January 25, 2019 = \$ _____

PAGE TOTAL = \$ _____

CLAIM TOTAL = \$ _____

The Client agrees that their **typed name**, for the purposes of this Agreement, is legally valid and binding as if the Client had signed the document with ink on paper in accordance with the Uniform Electronic Transactions Act (UETA). **The Client stipulates and agrees that the typed name shown below as the Authorized Client Signer is required on this document.** The Client agrees that by typing his/her name and contact information below that he/she has read this Agreement, thereby asserting that this document becomes a legally binding contractual Agreement and commitment between J.E. Lawrence and Company and the Client.

Authorized Client Signer (Please type):

Authorized Client Signer Title (Please type):

Date: (Please type):

Payment Card Interchange Fee and Merchant Discount Antitrust Litigation

Client Agreement

On this, the _____ day of _____, _____ and its affiliates, located
at _____.

Client and J.E. Lawrence & Co. ("JEL-CRS") agree as follows with respect to any recoveries made related to an antitrust class action entitled In Re Payment Card Interchange Fee and Merchant Discount Antitrust Litigation approved in the United States District Court, Eastern District of New York.

Range of Agency Relationship: The Client appoints JEL-CRS as exclusive recovery agent with full assignment authority to prepare and submit Client's present and subsequent claims related to the settlement(s).

Responsibilities: JEL-CRS agrees to make all reasonable efforts to file complete and accurate claims, and to secure payment of the claims on behalf of the Client. The Client has been informed of its right to file claims on its own behalf, but has decided to hire JEL-CRS to file any and all claims for settlement.

Consent to Attain Records: The Client hereby authorizes JEL-CRS to request, gather and/or copy all necessary documentation to complete all claims.

Roles: The parties understand and agree that with respect to JEL-CRS's duties and authority: (a) JEL-CRS is not providing the Client with legal representation and is not practicing law; (b) JEL-CRS will only investigate, collect, and submit documentation concerning the Client's claims for settlement.

Compensation, Distribution and Payment: In consideration of the performance of the duties set forth above, the Client agrees to pay JEL-CRS a contingency fee of thirty percent (30%) of all proceeds received as payment for each and every claim filed pursuant to and arising from any settlement(s) reached in the above referenced litigation. JEL-CRS is only entitled to compensation if it is successful in recovering a refund for the Client. The Client agrees that any and all proceeds shall be paid directly to JEL-CRS by the claims administrator. JEL-CRS will deposit said proceeds into its bank account, and disburse to the Client its recovery less JEL-CRS's compensation.

Confidentiality: The information about the Client which is provided by the Client, or is obtained by JEL-CRS through the Client pursuant to this Agreement, is the confidential and proprietary information of the Client. JEL-CRS will use such information solely for the purpose of filing claims on behalf of the Client in this and all related class action settlements, and not for any other purpose. Following the completion of the claims process and upon payment for services rendered, JELCRS will destroy any and all information about the Client except for one archival copy that it may keep for its records.

Third Party Service Acknowledgement: Client acknowledges that no one is required to sign up with any third-party service in order to participate in any monetary relief. No claim forms are available at this time, and no claim-filing deadline exists. No-cost assistance will be available from the Class Administrator and Class Counsel during any claims-filing period. For additional information regarding the status of the litigation, interested persons may visit www.paymentcardsettlement.com, the Court-approved website for this case.

Multiple Entities and Locations (if applicable): This Agreement covers the Client and all of its subsidiaries, affiliates, and related entities and locations, described in part in the Multiple Locations Form.

Payment Card Interchange Fee and Merchant Discount Antitrust Litigation

Client Agreement

J.E. LAWRENCE AND COMPANY (JEL) AND PKF O'CONNOR DAVIES, LLP. (PKFOD) MAKE NO PROMISES, GUARANTEES OR WARRANTIES OF ANY KIND AS TO WHETHER ANY CLAIM WILL BE PAID BY THE CLAIMS ADMINISTRATOR. TO THE EXTENT THAT A CLAIM IS DENIED, JEL AND PKFOD WILL BEAR NO RESPONSIBILITY WHATSOEVER. ALL PARTIES RECOGNIZE AND AGREE THAT JEL IS ACTING MERELY AS AN AGENT OF THE CLIENT, AND HAS NO AUTHORITY TO GRANT OR DENY A CLAIM. ALL PARTIES RECOGNIZE AND AGREE THAT PKFOD IS MERELY PROVIDING A MARKETING SERVICE FOR JEL AND HAS NO INVOLVEMENT IN THE HANDLING OR SUBMISSION OF CLAIMS BY JEL. CLIENT SHALL INDEMNIFY AND HOLD JEL AND PKFOD HARMLESS FROM ANY LIABILITY DUE TO THE REJECTION OF A CLAIM ON ANY BASIS WHATSOEVER.

The parties hereto have read, acknowledge, accept and agree to the terms & conditions of this Agreement. By signing this document you are attesting to the fact that you have the authority to enter into this Agreement.

The Client agrees that their **typed name**, for the purposes of this Agreement, is legally valid and binding as if the Client had signed the document with ink on paper in accordance with the Uniform Electronic Transactions Act (UETA). **The Client stipulates and agrees that the typed name shown as the Authorized Client Signature is required on this document.** The Client agrees that by typing his/her name and contact information below that he/she has read this Agreement, thereby asserting that this document becomes a legally binding contractual Agreement and commitment between J.E. Lawrence and Company and the Client.

Please type Authorized Client Signature and provide other requested information.

(Authorized Client Signature – Please type)

(Authorized Client Title – Please type)

(Authorized Client Phone – Please type)

(Authorized Client Email Address – Please type)

(Client Estimated Claim Amount – Please type)

(Client Tax ID # – Please type)

For J.E. Lawrence & Company

Ron DeSoiza
PKF O'Connor Davies Liaison

Edward V. Vicinanza
President



Thank you for completing the Estimate Form and Client Agreement as part of the VISA/Mastercard Antitrust Litigation.

Please complete each form in its entirety. Then, save this document (both forms are included in the single document) and [upload it here](#).