

DELL CLAIM FORM
OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

- Please fill out the form completely and return this form postmarked by April 13, 2009. When we receive your claim form we will send you a letter to let you know that we have received it.
- If you are filing a claim for more than one product or service, you will need to fill out a separate claim form for each product or service. Feel free to make copies of this form or, if necessary, contact our office for additional forms. Please return this claim form with any additional pages, if necessary, and copies (no originals, please) of documents you feel help explain or substantiate your claim.
- Be sure to include a dollar amount in the "Amount you claim you are owed" even if that amount is your best estimate.
- Please do your best to provide complete information. If you cannot provide all of the information we are requesting, it will not necessarily eliminate your claim. However, we may need to obtain additional information from you. **NOTE: IT IS IMPORTANT TO FILL OUT THE BACK OF THIS FORM AND TO MAKE A COPY OF BOTH SIDES FOR YOUR RECORDS.**
- For more detailed information, you may want to review the Frequently Asked Questions regarding this settlement at: http://www.oag.state.tx.us/newspubs/releases/2009/011209dell_settlement_faq.shtml

STATE OF TEXAS 1-800-252-8011
Claim Information

"Dell Preferred Account" number (if known/applicable): _____
Dell product or service you are filing a claim for: _____

Date of Purchase: ____/____/____ Purchase Price: _____

Check all those items that apply:

- ☐ I was promised "Same as Cash" promotional financing (interest rates waived for a period of time, e.g., 90 days, 1 year, etc.) when I signed up for my Dell Preferred Account ("DPA") and/or purchased the item advertised with the promotional financing offer, but when I was billed for the item, I discovered that I did not, in fact, get the promotional financing.
- ☐ I got a "Same as Cash" promotional financing incentive, but Dell charged me interest I never agreed to.
- ☐ The interest rate on my DPA turned out to be higher than I was told at the time I signed up for the account.
- ☐ I applied for, but never received, a rebate that Dell promised when I purchased my product.
- ☐ I incurred unexpected fees on my DPA (for example, late charges) that I did not owe.
- ☐ Dell (or their agent) failed to satisfactorily repair or replace the identified product covered by my extended warranty.
- ☐ Dell failed or refused to provide next business day "on site" service promised in my extended or other warranty coverage.
- ☐ Dell refused to attempt repair on an item that failed during the warranty period.
- ☐ Dell failed or refused to repair an item that was no longer on warranty but which I informed Dell about before the warranty expired.
- ☐ I had to pay for someone other than Dell (or their agent) to repair the item.
- ☐ Dell failed to satisfactorily repair or replace the identified product that failed during the warranty period.

CONTINUE TO BACK OF FORM

Have you received a refund, account credit, replacement or other payment from Dell, your credit card company, or from any other source related to the product or service you have identified on this claim form? Yes ☐ No ☐

Have you been or are you currently a party to any legal action against Dell? Yes ☐ No ☐

If you answered "YES" to either question, please explain and identify any amounts you were refunded:

Total amount you claim you are still owed: _____

Please provide a brief explanation of your claim below and how you determined the monetary amount you are claiming. Please be aware that your claimed amount may be subject to verification and a representative of our office may need to contact you to ask for clarifying information.

CLAIMANT INFORMATION

Please print or type

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day – (____) ____ - ____ Evening – (____) ____ - ____ E-mail Address: _____

Have you filed a complaint about Dell with the Texas Attorney General's Office before? Yes ☐ No ☐

If Yes, please list the file number: _____.

***In signing this claim form, I understand that the Attorney General does not represent me.**

***I also understand that submission of a claim form does not guarantee eligibility for a monetary payment under the settlement.**

***If the total amount of eligible claims exceed the available money, eligible consumers may not receive their full out-of-pocket expenses, but will instead receive a prorated amount.**

***No monetary payments will be made until after all claim forms have been received and processed by the Office of the Attorney General of Texas.**

The statements I have made in this form are true and accurate to the best of my knowledge.

Signature _____ Date _____ City and State where signed _____

_____/____/____

Please return completed Claim Form to :

Office of the Attorney General
Consumer Protection and Public Health Division
P.O. Box 12548
Austin, TX 78711-2548