

COMPLETE THIS FORM TO OBTAIN A CASH PAYMENT AS DESCRIBED IN THE CLASS NOTICE.
YOU MAY ALSO SUBMIT THE CLAIM ONLINE AT www.FloresExpressClassAction.com

First Name M.I. Last Name
Street Address 1
Street Address 2
City, ST Zip Code



YOUR UNIQUE CODE: #####

INSTRUCTIONS:

1. VERIFY THAT YOUR NAME AND ADDRESS INFORMATION IS CORRECT.
2. ADD YOUR TELEPHONE NUMBER AND E-MAIL ADDRESS.
3. ADD THE AMOUNT OF DAMAGES INCURRED (NOT MORE THAN \$2,500.00).
4. SIGN BELOW VERIFYING THAT THE INFORMATION YOU ARE SUPPLYING IS CORRECT.
5. MAIL THE ENTIRE PAGE OF YOUR COMPLETED CLAIM FORM TO:

FLORES V. EXPRESS PERSONNEL, C/O SETTLEMENT ADMINISTRATOR
P.O. BOX 1607, BLUE BELL, PA 19422

THE DEADLINE TO SUBMIT A CLAIM IS MAY 8, 2017

Section I: Updated Personal Information

**If the preprinted information above is not correct, make any changes here.
(STOP! Do not complete this section if the preprinted information above is correct)**

First Name, MI, Last Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Section II: Additional Information

Telephone Number: () _____

Email Address (if you have one): _____

Section III: Your Damages Information

TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF, I LOST OR WAS DELAYED IN OBTAINING AN EMPLOYMENT OPPORTUNITY AS A DIRECT RESULT OF THE CONDUCT THAT QUALIFIES ME TO BE A MEMBER OF THE SETTLEMENT CLASS.

I INCURRED DAMAGES OF \$ _____ (NOT MORE THAN \$2,500.00) BECAUSE OF THE FAILURE OF DEFENDANTS TO PROVIDE ME WITH THE PRE-ADVERSE ACTION NOTICE REQUIRED BY THE FAIR CREDIT REPORTING ACT.

Section IV: Signature

I HEREBY CERTIFY THAT THE INFORMATION I AM SUPPLYING IS CORRECT.

Signature: _____ Date: _____

NOTE: THIS CLAIM FORM WILL NOT BE VALID WITHOUT YOUR NAME, COMPLETE ADDRESS AND SIGNATURE. IF YOU SUBMIT THE FORM WITHOUT THAT INFORMATION, YOU WILL NOT RECEIVE A DISTRIBUTION FROM THE SETTLEMENT FUND.

