CLAIM FORM

FILE YOUR CLAIM ONLINE AT WWW.SHACKSETTLEMENT.COM
OR MAIL THIS COMPLETED CLAIM FORM NO LATER THAN AUGUST 27, 2013 TO:

RadioShack Project Administration
c/o GCG
P.O. Box 35044
Seattle, WA 98124-3508
Toll-Free: 1 (855) 590-8701

I. CLAIMANT INFORMATION

Name

Last Name	
First Name	

Address:

Line 1:	
Line 2:	
City/St/Zip	

E-Mail Address (if you have one):

Day Time Phone (area code-number):

Telephone				-				-				

II. PURCHASE INFORMATION

To support your claim, please provide the purchase information requested below for any purchase for which you paid by credit or debit card and received an electronically-printed receipt containing the expiration date of your credit or debit card. **Please Note: Each Class Member who submits a Valid Claim Form will be entitled to receive ONLY ONE (1) $10.00 RadioShack Settlement Voucher no matter how many purchases were made.** Excluded from the Class are transactions conducted with business credit or debit cards, and transactions made with RadioShack branded debit or credit cards. The Claims Administrator may contact you to obtain additional information regarding your purchase to verify your claim.

MONTH AND YEAR YOU BELIEVE YOU MADE YOUR PURCHASE: _____

CREDIT CARD TYPE YOU BELIEVE YOU USED: _____

CITY AND STATE WHERE YOU MADE YOUR PURCHASE: _____

I hereby certify under penalty of perjury that:

a. Between August 24, 2010 and November 21, 2011, I paid by credit or debit card for products or services at a RadioShack store and received an electronically-printed receipt from the store.

b. The information contained in this Claim Form is true and correct to the best of my knowledge, information, and belief.

YOU MUST SIGN OR YOUR CLAIM WILL BE REJECTED.

_____ _____
Signature Date