

Aliano v. Airgas USA, LLC
Settlement Administrator
P.O. Box 43346
Providence, RI 02940-3346



ABU

CLAIM FORM

AIRGAS FACTA CLASS ACTION SETTLEMENT

Please fill out the information below completely and legibly. If the information you provide is incomplete, illegible, or inaccurate, your claim may be rejected in whole or in part. If you are eligible, a \$30.00 check will be sent to the person whose name appears on this claim form.

Name		
Address		
City	State	ZIP
Telephone Number		

Please answer the following questions:

A. Between April 4, 2011 and August 28, 2012, I paid by personal (not a business) credit card or debit card for products or services at an Airgas retail store, and received an electronically-printed receipt (Delivery Order) from the store.

Yes **No**

B. I made my purchase and received the receipt (Delivery Order) from an Airgas store located in the following State: _____.

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

Signature: _____ Executed on: _____
[INSERT DATE] (mm/dd/yyyy)

Mail this Claim Form to the following address:

Aliano v. Airgas USA, LLC Settlement Administrator
P.O. Box 43346
Providence, RI 02940-3346
1-877-889-1995

YOUR CLAIM FORM MUST BE POSTMARKED ON OR BEFORE MAY 1, 2015.



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