

Cathode Ray Tube (CRT) Indirect Purchaser Class Action Settlement Administrator

PO Box 778, Hingham, MA 02043 / (800) 649-0963

CRT CLAIM AUDIT RESPONSE FORM – END USERS

PART 1: CLAIM INFORMATION

Claim Number:

Class Member Name:

Authorized Representative Name (if any):

Authorized Representative Company (if any):

PART 2: CRT PURCHASE INFORMATION

In the table, please provide the quantity of CRT Products claimed by the Class Member listed above. The quantities you provide in the table below may update or differ from your original claim, but the quantities entered must be supported by your explanation and/or documentation submitted with this audit response form. You must also answer questions 1 – 3 below.

Product Type	Number of CRT Products Purchased*
Standard CRT Television (screen size less than 30 inches):	
Large CRT Television (screen size 30 inches or larger):	
CRT Computer Monitor:	
Other CRT Products	

Note: If your claim includes "Other CRT products" as listed above, please describe the particular items that you purchased (for example, a medical lab may have purchased an oscilloscope that contained a cathode ray tube).

Other CRT Products Description

1) Please specify the timeframe in which the CRTs listed above were purchased:

Earliest Date of Purchase: _____ Latest Date of Purchase: _____

2) List the number of CRT purchases by state/territory in which they were purchased (e.g. Arizona -2; California -4):

3) Please confirm if as least some of the CRT purchases listed above were:

- a) Sony® branded televisions or computer monitors. Yes No
-If yes, please provide the quantity of Sony branded CRT products purchased per CRT product type (e.g. 30 Large TVs, 100 Monitors): _____

- b) Purchased directly from the manufacturer of the CRT product. Yes No
-If yes, please provide the quantity of CRT products purchased directly from the manufacturer per CRT product type (e.g. 30 Large TVs, 100 Monitors): _____

-If yes, please provide the name of the CRT manufacturer(s): _____

- c) Purchased by the Class Member for the purpose of reselling to someone else. Yes No
-If yes, please provide the quantity of CRT products purchased for resale per CRT product type (e.g. 30 Large TVs, 100 Monitors). _____

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REMINDER: You are also required to submit support for your claim. Your supporting evidence might include receipts, invoices, an explanation of how you determined your purchase quantity for each CRT product type (e.g. number of employees with computer monitors, how often monitors were replaced), a notarized statement confirming your claimed purchases, or other documents that support your claim such as purchase or inventory records, insurance records, audit reports from your accountant, commercial records kept in the ordinary course of business, etc.

Explanation of Purchases and/or Description of Documentation Provided

PART 3: SIGN AND DATE CLAIM AUDIT RESPONSE FORM

I declare under the penalty of perjury that the information provided in this submission is true and correct to the best of my knowledge and belief.

Signature of Class Member (or Authorized Representative)

Date (MM/DD/YYYY)

Print Name

Title (if you are filling out this form for a business)