

Eisenband v. Schumacher Automotive, Inc.
Settlement Administrator
P.O. Box 404017
Louisville, KY 40233-4017



S2E

Eisenband v. Schumacher Automotive, Inc.
UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT
OF FLORIDA

Case No. 9:18-CV-80911

**Must Be Postmarked
No Later Than
Monday, July 15, 2019**

Claim Form

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

Return this Claim Form to: Eisenband v. Schumacher Automotive, Inc. Settlement Administrator, P.O. Box 404017, Louisville, KY 40233-4017. Questions, visit www.schumacherTCPAsettlement.com or call 1-866-507-5338.

**DEADLINE: THIS CLAIM FORM MUST BE POSTMARKED BY JULY 15, 2019,
BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL
CONDITIONS OF THE SETTLEMENT AGREEMENT.**

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that if you are a Class Member, the Class Member Verification section below requires you to state, under penalty of perjury, that all information contained herein is true and correct. This Claim Form may be researched and verified by the Settlement Administrator.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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YOUR CONTACT INFORMATION

Telephone Number on the Date you Received a Text Message: — —

Email Address:

Current Phone Number: — — or fill in if same as above
(Please provide a phone number where you can be reached if further information is required.)

Claim ID (only applicable if you received Notice via mail):

CLASS MEMBER VERIFICATION

By submitting this Claim Form, I declare under penalty of perjury that I am a member of the Class (defined as “All individuals residing in the United States (i) who were sent a text message (ii) on his or her cellular telephone (iii) by or on behalf of Schumacher Automotive, Inc. (iv) from July 11, 2014 through February 20, 2019.”). I further declare under penalty of perjury that I am the current subscriber of the cellular telephone mentioned in subsection (ii) above, and that the information provided herein is true and correct.

Additional information regarding the Settlement can be found at www.schumacherTCPAsettlement.com

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

If you have questions, you may call the Settlement Administrator at 1-866-507-5338.

