



**PART II: CLAIM INFORMATION**

I purchased an ESP for one of the following items (identified by Reference Numbers below):

- |                   |                    |                          |                        |
|-------------------|--------------------|--------------------------|------------------------|
| 1. Computer       | 6. Printer         | 11. Camcorder            | 16. Cordless Phone     |
| 2. Laptop         | 7. Fax Machine     | 12. GPS Device           | 17. Electronic Stapler |
| 3. Netbook        | 8. All-in-One      | 13. Networking Equipment | 18. External Drive     |
| 4. Tablet         | 9. Shredder        | 14. Scanner              | 19. Other              |
| 5. Digital Reader | 10. Digital Camera | 15. Projector            |                        |

Reference # (See Above)	Item Purchased (List if Reference # is 19)	Extended Services Plan (Choose one)		Purchase Date [MM-YY] 02-10 to 08-13	Paid (Services Plan Cost)	Receipt	
		2-Year	3-Year			YES	NO
<b>EXAMPLE: 01</b>	<b>Computer</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>02-13</b>	<b>\$99.00</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART III: CERTIFICATION**

I certify that I purchased at least one Extended Services Plan from Staples in New York State between February 1, 2010 and August 31, 2013 and that the foregoing information supplied by the undersigned is true and correct.

Signature of Claimant

Date  -  -   
MM DD YY

First Name

Last Name

If you move after filing this Claim but before you receive a response, please provide your new address to the Claims Administrator by emailing [info@StaplesSettlement.com](mailto:info@StaplesSettlement.com) or calling 1-888-457-2303. Thank you.

Questions? Visit [www.StaplesSettlement.com](http://www.StaplesSettlement.com).  
Email [info@StaplesSettlement.com](mailto:info@StaplesSettlement.com).  
Call Toll-free 1-888-457-2303.