

In Re Visa Check/MasterMoney Antitrust Litigation  
Claims Administrator  
P.O. Box 9000 #6014  
Merrick, NY 11566-9000  
Toll-free number: 1-888-641-4437  
Website: [www.inrevisacheckmastermoneyantitrustlitigation.com](http://www.inrevisacheckmastermoneyantitrustlitigation.com)  
E-mail: [admin@inrevisacheckmastermoneyantitrustlitigation.com](mailto:admin@inrevisacheckmastermoneyantitrustlitigation.com)

LEAD COUNSEL FOR THE CLASS -- CONSTANTINE CANNON

**INSTRUCTIONS FOR COMPLETING THE  
VISA CHECK/MASTERMONEY ANTITRUST LITIGATION CLAIM FORM**

Para notificación y formularios en español, llamar al 1-888-641-4437 o visitar nuestra pagina web:  
[www.inrevisacheckmastermoneyantitrustlitigation.com](http://www.inrevisacheckmastermoneyantitrustlitigation.com)

**I. GENERAL INSTRUCTIONS**

- A. It is important that you completely read and understand these Instructions to ensure that your Claim Form will be processed as quickly and efficiently as possible.
- B. Please use dark blue or black ink to complete all parts of the Claim Form. Do not staple or highlight any areas of the Claim Form.
- C. If you do not have enough space on the Claim Form to complete a Section, please make a photocopy of any additional pages and forward them with your Claim Form.
- D. If you would like to request a Claim Form, please contact the Claims Administrator at the above toll free number, P.O. Box or e-mail address.
- E. If the address of your place of business changes after you submit your Claim Form, please inform the Claims Administrator of your new address by either letter or e-mail to the address above.
- F. It is recommended that you retain a photocopy of your completed Claim Form.
- G. It is recommended that you retain any contracts that enabled your business to accept Visa, MasterCard and/or any PIN debit network transactions between October 25, 1992 and June 21, 2003, as such documentation may be requested to confirm your entitlement to a Cash Payment. **DO NOT SUBMIT THESE CONTRACTS WITH YOUR CLAIM FORM.**
- H. If you have any questions concerning the Claim Form, contact the Claims Administrator at the above address or call the toll-free number for the litigation, 1-888-641-4437. **DO NOT CONTACT THE COURT.**
- I. If you have received multiple Claim Forms for the same business and wish to consolidate your Claim Form or Cash Payment, please consult Part IV-H of these Instructions. Consolidating your Claim Form will allow for the Cash Payment and all communications to be sent to a single address, such as your corporate headquarters, as opposed to the Claims Administrator communicating with dozens of your individual store or office managers.
- J. To participate in the Settlement you must complete and return the enclosed Claim Form, postmarked no later than November 28, 2005, in the enclosed, self-addressed envelope or submitted via the website, [www.inrevisacheckmastermoneyantitrustlitigation.com](http://www.inrevisacheckmastermoneyantitrustlitigation.com), no later than November 28, 2005. To submit your claim electronically, you will need the Claim Number and Control Number from the front page of the enclosed Claim Form. **IF YOU DO NOT TIMELY AND PROPERLY SUBMIT A CLAIM FORM, YOU WILL NOT RECEIVE THE BENEFITS OF THE SETTLEMENT BUT WILL BE BOUND BY THE TERMS OF THE SETTLEMENT AND THE FINAL RELEASE OF CLAIMS AGAINST DEFENDANTS.**

## II. SPECIFIC INSTRUCTIONS FOR COMPLETING NOTICE OF ESTIMATED CASH PAYMENT AND CLAIM FORM (VM1)

If you received a Claim Form with an Estimated Cash Payment on Page 1, please follow the Instructions below. If your Claim Form does not contain an Estimated Cash Payment, please proceed to Part III of these Instructions.

The information contained in Sections A, B, C, and D below correspond with the Sections A, B, C and D on your Claim Form.

### **SECTION A: CONTACT INFORMATION FOR PERSON FILLING OUT THIS FORM**

1. You must complete this Section in its entirety.
2. Contact Information – In the blank spaces (1-7), please provide the requested information regarding the individual who is completing this Claim Form.
3. The person completing this Claim Form should be knowledgeable about the company's acceptance of Visa and/or MasterCard debit card and credit card transactions and, if applicable, the company's acceptance of on-line PIN debit transactions between October 25, 1992 and July 31, 2003.
4. The person completing this Claim Form must be authorized to do so by the Class Member.

### **SECTION B: INFORMATION ABOUT YOUR BUSINESS OR ORGANIZATION**

1. You must complete this Section in its entirety by checking the appropriate boxes and/or filling in boxes as appropriate.
2. Company Information – In the spaces provided (8-17), please answer the questions regarding your company.
3. **Question 18 -- This question asks you to provide specific dates for when your company accepted Visa and/or MasterCard payment cards. Your answer to this question is important in determining your actual payment, including your entitlement to a Cash Payment for the full damages period (October 25, 1992 – June 21, 2003). Please pay particular attention to this question.**
4. Challenges – If you disagree with the Estimated Cash Payment on Page 1 of your Claim Form and you wish to challenge the amount, check the box next to "I DISAGREE" in Question #19. ONLY CHECK THIS BOX IF YOU WISH TO CHALLENGE THE ESTIMATED CASH PAYMENT.
5. If you checked that box, you must submit a written challenge to the Claims Administrator for your challenge to be considered. You must state what you believe your company's Cash Payment should be and/or how the Cash Payment can be more accurately calculated. Your written challenge must be accompanied by supporting documentation, such as processor statements. If you would like additional details regarding the Visa and/or MasterCard debit and credit purchase volumes that were utilized to calculate your Estimated Cash Payment or other details on how the calculation was made please consult [www.inrevisacheckmastermoneyantitrustlitigation.com](http://www.inrevisacheckmastermoneyantitrustlitigation.com). **Please Note:** You will need the Claim Number and Control Number from the front page of the enclosed Claim Form to access this section of the website.
6. The written challenge and Claim Form must be submitted by October 29, 2005. **Please Note: By checking the "I DISAGREE" box, you will not receive your Cash Payment until your challenge has been determined.**

### **SECTION C: QUESTIONS FOR BUSINESSES OR ORGANIZATIONS CLAIMING AN ADDITIONAL CASH PAYMENT BASED UPON THEIR ACCEPTANCE OF DEBIT CARD TRANSACTIONS WITH A PERSONAL IDENTIFICATION NUMBER ("PIN")**

1. You must complete this Section only if your company had PIN Pads and accepted PIN debit transactions at any time between October 25, 1992 and July 31, 2003.
2. You may be entitled to an additional Cash Payment above and beyond the Estimated Cash Payment on Page 1 of your Claim Form. To receive this additional Cash Payment, please answer the questions regarding your company in the spaces provided (20-22).
3. If your company did not have PIN Pads and did not accept PIN debit transactions at any time between October 25, 1992 and July 31, 2003, check "No" in Question #20 and proceed to Section D of your Claim Form.

### **SECTION D: CERTIFICATION AND SUBSTITUTE W-9**

1. You must complete this Section in its entirety.
2. If you have been notified by the I.R.S. that you are subject to backup withholding, check the box in this Section.

3. You must provide your Taxpayer Identification Number (TIN) where indicated. Please be advised that if you do not provide your TIN, we may have to withhold a portion of your distribution.
4. You must sign and date the Claim Form where indicated. Please be advised that if you do not sign the Claim Form, your claim may be rejected.
5. We may later ask for certain merchants to produce documentation to prove their entitlement to a Cash Payment. Therefore, we advise you to maintain your documentation, such as your merchant contracts, which show when you accepted Visa and/or MasterCard payment cards.

### **III. SPECIFIC INSTRUCTIONS FOR COMPLETING IN RE VISA CHECK/MASTERMONEY CLAIM FORM (VM2)**

If your Claim Form did not contain an Estimated Cash Payment on Page 1, please follow the Instructions below. If your Claim Form contains an Estimated Cash Payment, these Instructions do not apply to you.

The information contained in Sections A, B, C, D and E below correspond with the Sections A through E on your Claim Form. Please pay special attention to Sections C and D below.

#### **SECTION A: CONTACT INFORMATION FOR PERSON FILLING OUT THIS FORM**

1. You must complete this Section in its entirety.
2. Contact Information – In the blank spaces (1-7), please provide the requested information regarding the individual who is completing this Claim Form.
3. The person completing this Claim Form should be knowledgeable about the company's acceptance of Visa and/or MasterCard debit card and credit card transactions and, if applicable, the company's acceptance of on-line PIN debit transactions between October 25, 1992 and July 31, 2003.
4. The person completing this Claim Form must be authorized to do so.

#### **SECTION B: INFORMATION ABOUT YOUR BUSINESS OR ORGANIZATION**

1. You must complete this Section in its entirety by checking the appropriate boxes and/or filling in boxes as appropriate.
2. Company Information – In the spaces provided (8-17), please answer the questions regarding your company.
3. ***Question 18 -- This question asks you to provide specific dates for when your company accepted Visa and/or MasterCard payment cards. Your answer to this question is important in determining your actual payment, including your entitlement to a Cash Payment for the full damages period (October 25, 1992 – June 21, 2003). Please pay particular attention to this question.***

#### **SECTION C: QUESTIONS FOR BUSINESSES OR ORGANIZATIONS THAT ACCEPTED DEBIT TRANSACTIONS AUTHORIZED WITH A PERSONAL IDENTIFICATION NUMBER ("PIN")**

1. You must complete this entire Section only if your company had PIN Pads and accepted PIN debit transactions at any time between October 25, 1992 and July 31, 2003.
2. You may be entitled to an additional Cash Payment above and beyond the Cash Payment based on the dollar amount of Visa and MasterCard debit card and credit card transactions your company accepted between October 25, 1992 and July 31, 2003. To receive this additional Cash Payment, please answer the questions regarding your company in the spaces provided (19-21).
3. If your company did not have PIN Pads and did not accept PIN debit transactions at any time between October 25, 1992 and July 31, 2003, check "No" in Question #19 and proceed to Section D of your Claim Form.

#### **SECTION D: U.S. BASED CLASS PERIOD SALES**

1. You must complete this entire Section in order for the Claims Administrator to calculate your Cash Payment.
2. When filling out the information requested for Question #22, please use the List of Merchant Categories on Page 6 of these Instructions. If you have more than one merchant category that describes your business or businesses that accepted Visa and/or MasterCard debit and credit transactions, please estimate the percentage of U.S. sales that each category accounts for and make sure that your percentage of sales totals 100%.
3. In Question #23, please tell us the total amount of U.S. based sales in U.S. dollars for your company that accepted Visa and/or MasterCard transactions for each year from 1992 through 2003.

4. If you do not have enough space on the Claim Form to complete Question #22 and/or #23, please make a photocopy of that page of the Claim Form and forward it with your completed Claim Form.
5. Please note that your total sales figure is not only for sales that were paid for by debit card, but rather, all sales regardless of payment method.
6. We may later ask for certain merchants to produce documentation to prove their entitlement to a Cash Payment. Therefore, we advise you to maintain your documentation, such as your merchant contracts, which show when you accepted Visa and/or MasterCard payment cards.

**SECTION E: CERTIFICATION AND SUBSTITUTE W-9**

1. You must complete this Section in its entirety.
2. If you have been notified by the I.R.S. that you are subject to backup withholding, check the box in this Section.
3. You must provide your company's Taxpayer Identification Number (TIN) where indicated. Please be advised that if you do not provide your TIN, we may have to withhold a portion of your distribution.
4. You must sign and date the Claim Form where indicated. Please be advised that if you do not sign the Claim Form, your claim may be rejected.

**IV. FREQUENTLY ASKED QUESTIONS**

**A. How do I contact the Claims Administrator?**

In writing:            In Re Visa Check/MasterMoney Antitrust Litigation  
                                  Claims Administrator  
                                  P.O. Box 9000 #6014  
                                  Merrick, NY 11566-9000

E-mail:                admin@inrevisacheckmastermoneyantitrustlitigation.com

Call toll-free:        1-888-641-4437

**B. Is there a website that provides information about the Settlement?**

You may access information at [www.inrevisacheckmastermoneyantitrustlitigation.com](http://www.inrevisacheckmastermoneyantitrustlitigation.com).

**C. Am I a Class Member?**

You are a Class Member if you are a person or business entity who, while accepting Visa and/or MasterCard credit cards, were also required to accept Visa and/or MasterCard-branded debit cards under the challenged tying arrangements at any point during the period commencing October 25, 1992 through June 21, 2003.

You are not considered a Class Member if you previously filed a request for exclusion in accordance with the requirements set forth in the Consent Order Concerning Notice of Pendency of Class Action dated June 21, 2002, and the Notice of Settlement provided to Class Members in June 2003.

**D. Do I need to submit documentation along with my Claim Form?**

No, you do not. If you do not wish to challenge your Estimated Cash Payment, all you have to do to claim your share of the Net Settlement Funds is submit a properly completed Claim Form.

However, Class Members should retain the contracts they entered into with Visa/MasterCard acquiring financial institutions and/or third-party processors that show when the merchant accepted Visa, MasterCard and/or on-line PIN debit transactions. Class Members may be asked to provide such documentation to confirm that they are entitled to a Cash Payment.

**E. How did you determine my Estimated Cash Payment?**

If you received a Claim Form with an Estimated Cash Payment on Page 1, the pre-printed amount represents your estimated share of the Net Settlement Fund not including on-line debit. You may review a detailed explanation of how this amount was calculated on the Claims Distribution website at [www.inrevisacheckmastermoneyantitrustlitigation.com](http://www.inrevisacheckmastermoneyantitrustlitigation.com).

**F. What if I disagree with the amount pre-printed on the Claim Form?**

If you received a Claim Form with an Estimated Cash Payment pre-printed on Page 1 and you disagree with this amount or the calculation used, you must do the following:

1. Check the "I DISAGREE" box in Section B (see Question #19) of the Claim Form.
2. Submit a written challenge to the Claims Administrator. Your challenge must state what you believe your Estimated Cash Payment should be and/or how it can be more accurately calculated.
3. Provide documentation (such as processor statements) which clearly shows why the pre-printed Estimated Cash Payment underestimated or overestimated your share of the Net Settlement Funds.
4. Return your Claim Form, written challenge and supporting documents to the Claims Administrator by October 29, 2005.

**G. Can I Object to the Settlement?**

No, the time period to object to the Settlement has expired.

**H. What if I Received More than one Claim Form?**

You may have received several Claim Forms if you operate or have operated more than one retail location or more than one division or merchant operation between October 25, 1992 and June 21, 2003. You may also have received several Claim Forms if you purchased other merchant operations between October 25, 1992 and June 21, 2003.

If you have received more than one Claim Form, you may request that your Claim Forms be consolidated by submitting the following information along with one Claim Form:

1. A list of all the Class Member's stores and store addresses that accepted Visa and MasterCard transactions between October 1, 1996 and June 21, 2003;
2. A list of all the claim numbers and control numbers found on the Claim Forms you have received;
3. The address to which the Class Member would like its consolidated Claim Form sent;
4. The card acceptor ID numbers that Visa has assigned to the Class Member's stores (or to the Class Member) since 1996. (Class Members should be able to confirm these numbers by contacting their acquiring bank or third-party processor);
5. The acquirer bank identification numbers ("BINs") for Visa acquiring banks that contracted with the Class Member since 1996. (Class Members should be able to confirm these numbers by contacting their acquiring bank or third-party processor); and
6. A list of all wholly-owned subsidiaries that accepted Visa and MasterCard in the U.S. which the merchant would like consolidated into a single Claim Form.

If you wish to consolidate your Claim Forms and need more detailed Instructions, please access [www.inrevisacheckmastermoneyantitrustlitigation.com](http://www.inrevisacheckmastermoneyantitrustlitigation.com). Also, please consult the document entitled "Methodology For Calculating Estimated Cash Payment" on the website for additional information if your Business or Organization purchased or sold store locations or purchased or sold a business or organization that is a member of the Class during the period October 1, 1996 through June 21, 2003.

**I. Do I need to consolidate my Claim Forms if I already requested they be consolidated?**

No, you do not need to resubmit any documents if you previously requested that your Claim Forms be consolidated.

**J. Can I file my Claim Form electronically?**

Yes, you can submit your Claim Form by filling out an electronic version of the Form on the Claims Distribution website.

**K. What is the deadline for submitting a Claim Form?**

Claim Forms must be postmarked no later than November 28, 2005. Claim Forms filed via the Claims Distribution website must be submitted no later than November 28, 2005.

## V. LIST OF MERCHANT CATEGORIES

This List of Merchant Categories is to be used only if you did not receive an Estimated Cash Payment on Page 1 of your Claim Form.

### RETAIL

#### Automotive

- (01) Auto Service/Repair
- (02) Auto Dealership
- (03) Gasoline Station
- (04) Car Wash
- (05) Auto Lease Payments

#### Food/Grocery/Drug Stores

- (06) Beer/Wine/Liquor
- (07) Convenience
- (08) Convenience Store At Gas Station
- (09) Drug
- (10) Grocery/Supermarket
- (11) Vending Machines
- (12) Other Specialty Food Stores

#### General

- (13) Department Store
- (14) National Chain
- (15) Discount
- (16) Outlet Mall
- (17) Wholesale Clubs
- (18) Apparel
- (19) Shoe Stores

#### Specialty Stores

- (20) Appliance
- (21) Cosmetic
- (22) Furniture
- (23) Hardware/Home Improvement
- (24) Hobby/Craft
- (25) Home Electronics/Camera/Computer
- (26) Jewelry
- (27) Music Stores
- (28) Sporting Goods
- (29) Toy Stores
- (30) Video/Movie Rental
- (31) Book Store/Newspaper, Magazine Stands
- (32) Rental Store
- (33) Office Supply/Gift & Stationery Stores
- (34) Other Specialty
- (35) Door-To-Door
- (36) Mail/Phone Order/Catalog/Home Shopping
- (37) Other Retail Outlet

### TRAVEL AND ENTERTAINMENT

#### Restaurants

- (38) Fast Food
- (39) Inexpensive/Low Priced
- (40) Mid Priced Family
- (41) Mid Priced Casual
- (42) High Priced
- (43) Pizza
- (44) Other Restaurant

#### Travel

- (45) Travel Agency
- (46) Airline Company
- (47) In Flight Entertainment/Refreshments
- (48) Bus/Train Terminal
- (49) Bus Fare
- (50) Car Rental Agency
- (51) Cruise Line Company
- (52) Hotel/Motel
- (53) Parking Garage
- (54) Parking Meters
- (55) Taxi/Limousine
- (56) Toll Booths
- (57) Other Travel

#### Entertainment

- (58) Concert Hall/Theater/Auditorium
- (59) Dance Club/Comedy Club
- (60) General Ticket Outlet
- (61) Golf/Tennis/Health Club
- (62) Movie Theaters
- (63) Bar/Night Club
- (64) Sports Stadium
- (65) Video Arcade
- (66) Amusement Parks
- (67) Gambling
- (68) Other Entertainment

### SERVICES/RECURRING PAYMENTS

- (69) Real Estate Brokerage/Management Fees
- (70) Cable/Pay TV
- (71) Charity
- (72) Postal Services
- (73) Government (other than postage)
- (74) Home Services
- (75) Insurance Services
- (76) Personal Services
- (77) Laundromat
- (78) Professional Services
- (79) School/University
- (80) Subscription/Services
- (81) Telephone Company
- (82) Pay Phones
- (83) Utility
- (84) On-Line Internet Service Fees
- (85) Association/Membership Fees
- (86) All Other Services

#### Health Care

- (87) Hospital/Emergency Room
- (88) Doctor's Office
- (89) Dental Office
- (90) Veterinarians
- (91) All Other Medical