

Collecto TCPA Settlement Claim Form

Settlement Claim Form www.collectoclassaction.com

Online Claim Form

To receive any relief to which you are entitled, please complete this form online **no later than 11:59 p.m. on November 27, 2017**. Forms submitted after this deadline will not be accepted.

You may also print a copy of this form, complete the requested information, and return it to Collecto TCPA Settlement, Claims Administrator, c/o ILYM Group, Inc., P.O. Box 2031, Tustin, CA 92781 no later than November 27, 2017. Form that are not postmarked by November 27, 2017 will not be accepted.

Claim ID Number (located on the front of the postcard above your name and address – starts with COL):

To make a claim, fill out each section of this Form, sign where indicated, and email to claims@ilymgroupclassaction.com or mail to:

Collecto TCPA Settlement
Claims Administrator
c/o ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781

Claim Forms must be submitted by **November 27, 2017**.

Part I: Claimant Identification.

Name (First, Last): _____

Street Address: _____ Apartment: _____

City: _____ State: _____ ZIP Code: _____

Foreign Country (only if not USA): _____

Phone number where you can be reached: (____) _____ – _____

Part II: Claim.

I was the subscriber or assigned user of the telephone number (____) _____ – _____, I received at least _____ telephone call(s) to this number from Collecto between July 23, 2009 and June 30, 2014, and I never had an agreement with the creditor for whom Collecto sought to collect a debt on the call.

Part III: Certification. By submitting this Claim Form, I certify that the foregoing information supplied by the undersigned is true and correct.

Signature: _____

Date: ____/____/____