



To get started: Please fill out and sign this agreement and return to [jhart@nationalequity.com](mailto:jhart@nationalequity.com)

## Currently filing late claims

### Authorization and Representation Agreement

National Equity Development Group, Inc. is hereby authorized to represent the undersigned in securing settlement payments in the *In re: Cathode Ray Tube (CRT) Antitrust Litigation, MDL No. 1917 (U.s. District Court for the Northern District of California)*. National Equity Development Group, Inc. is hereby authorized to execute and file proof of claim forms, obtain and distribute settlement funds, inquire regarding claim status and process settlement payments to which the undersigned may be legally entitled. We have reviewed legal notices regarding this litigation and we are aware of our rights and options. It is understood that National Equity's compensation will be 25% of any amount recovered, due and payable upon receipt of payment, and that there will be no charge if there is no payment. We are not represented by any other filing service or intermediary in this matter. We agree to make every reasonable effort to supply National Equity Development Group, Inc. with documentation required to support the claim.

\_\_\_\_\_  
**COMPANY/CLIENT**

(\_\_\_\_\_)\_\_\_\_\_  
**TELEPHONE #**

\_\_\_\_\_  
**COMPLETE STREET ADDRESS**

(\_\_\_\_\_)\_\_\_\_\_  
**FAX #**

\_\_\_\_\_  
**CITY STATE ZIP CODE**

\_\_\_\_\_  
**E-Mail ADDRESS**

\_\_\_\_\_  
**FEDERAL ID#**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**AUTHORIZED NAME (Please Print or Type)**

\_\_\_\_\_  
**DATE**

National Equity is not a law firm or the court appointed claims administrator. If you require legal advice, please contact your attorney. The court authorized website is [crtclaims.com](http://crtclaims.com).

SIGN AND DATE CLAIM SUPPLEMENT

I declare under penalty of perjury under the laws of the United States of America, that the information provided in the Claim Form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Class Member (or Estate Representative)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date (MM / DD / YY)**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**