

**ESTIMATE FORM - MasterCard/VISA Antitrust Litigation**



Company Legal Name: **Your health Inc.**

Company Address: **7812 River Rd. E, Puyallup, WA, 98371**

Contact Name: **Dane King**

Contact Email: **custsvc@yourhealthinc.com**

Contact Phone: **253-848-9663**

# Estimating Your Claim

Your claim consists of your total receipts from MasterCard and VISA sales between January 1, 2004 and January 25, 2019. Enter (Type) yearly and total claim amounts below. Please be aware that between now and the time that claims are paid, additional information or documentation may be requested of you by the court to support your claim. To minimize this likelihood, your attention to the accuracy of the information you initially provide here is highly recommended.

Total receipts - January 1, 2004 through December 31, 2004 = $

Total receipts - January 1, 2005 through December 31, 2005 = $

Total receipts - January 1, 2006 through December 31, 2006 = $

Total receipts - January 1, 2007 through December 31, 2007 = $

Total receipts - January 1, 2008 through December 31, 2008 = $

Total receipts - January 1, 2009 through December 31, 2009 = $

Total receipts - January 1, 2010 through December 31, 2010 = $

Total receipts - January 1, 2011 through December 31, 2011 = $

Total receipts - January 1, 2012 through December 31, 2012 = $

PAGE TOTAL = $

The Client agrees that their **typed name**, for the purposes of this Agreement, is legally valid and binding as if the Client had signed the document with ink on paper in accordance with the Uniform Electronic Transactions Act (UETA). **The Client stipulates and agrees that the typed name shown below as the Authorized Client Signer is required on this document.** The Client agrees that by typing his/her name and contact information below that he/she has read this Agreement, thereby asserting that this document becomes a legally binding contractual Agreement and commitment between J.E. Lawrence and Company and the Client.

Authorized Client Signer (Please type)**:**

Authorized Client Signer Title (Please type)**:**

Date: (Please type)**:**

**Page 1 of 2**

**305 Laurel Falls Drive, Apollo Beach, FL 33572 Phone: (845) 445-6651** [**www.jelcrs.com**](http://www.jelcrs.com/) **2/8/2019**



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Your claim consists of your total receipts taken in via MasterCard and VISA between January 1, 2004 and January 25, 2019. Enter yearly and total claim amounts below. Please be aware that between now and the time that claims are paid, additional information or documentation may be requested of you by the court to support your claim. To minimize this likelihood, your attention to the accuracy of the information you initially provide here is highly recommended.

Total receipts - January 1, 2013 through December 31, 2013 = $

Total receipts - January 1, 2014 through December 31, 2014 = $

Total receipts - January 1, 2015 through December 31, 2015 = $

Total receipts - January 1, 2016 through December 31, 2016 = $

Total receipts - January 1, 2017 through December 31, 2017 = $

Total receipts - January 1, 2018 through December 31, 2018 = $

Total receipts - January 1, 2019 through January 25, 2019 = $

PAGE TOTAL = $

CLAIM TOTAL = $

The Client agrees that their **typed name**, for the purposes of this Agreement, is legally valid and binding as if the Client had signed the document with ink on paper in accordance with the Uniform Electronic Transactions Act (UETA). **The Client stipulates and agrees that the typed name shown below as the Authorized Client Signer is required on this document.** The Client agrees that by typing his/her name and contact information below that he/she has read this Agreement, thereby asserting that this document becomes a legally binding contractual Agreement and commitment between J.E. Lawrence and Company and the Client.

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