



**LIMITED POWER OF ATTORNEY  
FOR  
PAYMENT CARD INTERCHANGE FEE  
ANTITRUST LITIGATION SETTLEMENT**

1. The undersigned (“Claimant”) has hired Acclaim Group LLC (“Acclaim”) to assist Claimant in filing a claim to participate in the settlement in *In re Payment Card Interchange Fee and Merchant Discount Antitrust Litigation*, United States District Court, Eastern District of New York, Court File No. 1:05-md-01720 (“Payment Card Settlement”).

2. Claimant makes, constitutes and irrevocably appoints Acclaim as its agent (attorney-in-fact) to act for it in any lawful way with respect to filing and processing a claim relating to Claimant’s participation in the Payment Card Settlement.

3. Claimant directs the Claims Administrator (“CA”) appointed in the Payment Card Settlement to direct all communication and to send all correspondence, including Claimant’s financial recovery (“Recovery”), directly to Acclaim. Acclaim is authorized to correspond and communicate directly with the CA on Claimant’s behalf. This Limited Power of Attorney authorizes, but does not require, Acclaim to act for Claimant. Claimant directs that any third party who receives a copy of this document to act in reliance on it.

4. This Limited Power of Attorney authorizes the CA to release records and claim forms to Acclaim.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name of Claimant)

\_\_\_\_\_  
(Print Name of Person Signing)

\_\_\_\_\_  
(Claimant’s Federal Tax Identification No.)

\_\_\_\_\_  
(Print Title of Person Signing, e.g., CEO, V.P., etc.)

\_\_\_ Please initial here if you have multiple companies that are covered by the terms of this Limited Power of Attorney and list them on Exhibit A.

Acclaim Group LLC



Refund Retrievers

	<b>Company Name</b>	<b>Location's "DBA," if any</b>	<b>Address, City, State and Zip</b>	<b>Tax ID# or EIN</b>	<b>Merchant ID(s)</b>	<b>Annual Credit Card Acceptance</b>
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$