Cinner v. Xactus, LLC
c/o Settlement Administrator
P.O. Box 16
West Point, PA 19486

CLAIM FORM
Cinner v. Xactus, LLC
Civil Action No. 2:23-cv-04531 (E.D. Pa.)

Claim Number: _____

PIN Number: _____

CLAIM FORM

DEADLINE – SEPTEMBER 29, 2026

Note: For this Claim Form to be valid, you must complete all parts and sign under oath. If you submit the form without that information, you will **not** receive payment from the Settlement Fund.

This Claim Form must be returned to the address below postmarked no later than **September 29, 2026**.

Section I: Contact Information

Please print all information legibly in the space provided.

Full Name: _____

Current Address: _____

_____

_____

Phone Number: _____

Email Address: _____

Section II: Claim Certification

To the best of my knowledge, information, and belief, I was harmed by Credit Plus, LLC selling a consumer report in my name with a calculated monthly payment amount for a charged off account.

I certify subject to the penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

CLAIM FORM FILING INSTRUCTIONS	**Online**: **www.CinnerFCRAClassAction.com**	**By Mail**: **Cinner v. Xactus, LLC** **c/o Settlement Administrator** **P.O. Box 16** **West Point, PA 19486**