

CLAIM FORM

To be eligible to participate in the benefits of the proposed settlement in *Stickles v. Ford Motor Credit Co.*, No. 981289, you must fill this claim form out completely and mail it to the address given below postmarked before November 22, 2002. Please print or type the information requested below.

Enter one letter per space, and keep each letter within its space.

Account Number: _____

First Name

Last Name

Address

City

State

Zip Code

For identification purposes, please state your:

____ - ____ - _____
Social Security Number

or

____ - _____
Tax I.D. Number

I certify that, to the best of my knowledge I (a) leased a vehicle; (b) made one or more payments after the due date; (c) was charged a late payment fee, and (d) paid that fee.

Do you owe Ford Credit Co. any money on any terminated vehicle lease: ___ Yes ___ No

I (We) declare under penalty of perjury that the information stated above is true and correct.

(Sign Your Name Here)

Mail your completed claim form so that it is postmarked before November 22, 2002. Claim forms postmarked after that date will not be accepted.

Stickles Class Action Settlement
c/o Gilardi & Co. LLC
P.O. Box 808054
Petaluma, CA 94975-8054

800-414-8129