

BP PRODUCTS NORTH AMERICA, INC.

**SETTLEMENT CLAIM FORM**

Mail to:

BP Products North America, Inc.  
P.O. Box 9347  
Minneapolis, MN 55440-9347

**CURRENT CONTACT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**SUPPORTING DOCUMENTATION**

Check the appropriate box:

- I have included with this Claim Form one or more receipts that did not comply with FACTA.
- I have NOT included a receipt with this Claim Form, but I certify that I used a debit/credit card at the BP service station:

located at: \_\_\_\_\_

on (approximate date of visit): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, and;

the last four digits of the account number on the card used were: \_\_\_\_

**SIGNATURE**

I understand that the foregoing information may be used for the purpose of verifying my claim, and I certify, under penalty of perjury, that the statements and information contained herein are truthful and accurate.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL CLAIM FORMS MUST BE POSTMARKED BY: JANUARY 6, 2009**

