



JON S. CORZINE
Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
124 Halsey Street, 7th Floor, Newark, NJ 07102



ANNE MILGRAM
Attorney General

DAVID SZUCHMAN
Director

In the Matter of:
DELL INC. AND DELL FINANCIAL SERVICES, LLC
CONSUMER CLAIM FORM

Mailing Address:
P.O. Box 45025
Newark, NJ 07101
(973) 504-6200

*****THIS CLAIM FORM MUST BE SUBMITTED BY APRIL 13, 2009.*****

Name: _____

Address: _____

Telephone: _____

E-mail: _____

1. Did your transaction with Dell and/or Dell Financial Services take place between April 1, 2005 and April 13, 2009? _____

If yes, please provide the specific date of your transaction. _____

2. Does your complaint involve a financing issue, such as a financial promotion involving a deferred interest feature? (i.e.--"No Interest for 90 Days") If yes, please explain. _____

3. Does your complaint involve a rebate that you applied for but did not receive? If yes, please explain which specific rebate it was, the monetary value, when the rebate was mailed and the reason why it was denied.

4. Does your complaint involve warranty service that Dell did not perform as promised or as required by the State's implied warranty law? If yes, please explain the specific service. _____

5. Does your complaint involve extended warranty or next-business-day service that was not provided as promised? If yes, please explain.

6. Please provide all documentation to support your claim. Examples are, but not limited to, receipts, invoices, credit card statements and, if applicable, a copy of the warranty and rebate information. Please list these documents below. _____

Please send your completed claim form and copies (no originals) of your supporting documents **postmarked no later than April 13, 2009** to:

New Jersey Division of Consumer Affairs
Office of Consumer Protection
P.O. Box 45025
Newark, New Jersey 07101
Attn: Investigator Maureen P. Browne

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: _____ Date: _____