CARDHOLDER DISPUTE FORM

Credit/Debit Account #	Cardholder Name	
(16 Digit	Card Number)	
Cardholder Phone #	Disputed Amount \$	Post Date
Merchant Name	Disputing more than o	ne item? YesNo
If Yes, then this is number of	(e.g. 1 of 3) ONLY ONE TRAN	NSACTION PER FORM
Email Address		
SIGNATURE REQUIRED		
	RGE, YOU MUST MAKE EVER DISPUTE WITH THE MERCH	
Select	Type of Dispute (Check <u>ONLY</u>	one)
Did not recognize - Please attempt	to contact the merchant prior to disp	uting the charge.
• When did the Cardholder con	tact the Merchant? (mm/dd/yy)	//
• What was the outcome of the	merchant contact?	
 I was billed twice for a single put more than onece. All cards issued Valid Transaction \$ 		
Invalid Transaction	Post date	
 Membership Cancellation - Pleas merchant of cancellation. When did the cardholder cont 	e enclose copy of letter, email, or fa	
• Reason for cancellation?		
Date of cancellation	Cancellation a	¥
• Were you advised of a cancel If Yes, what were you told?	lation policy? Yes No	_
	<u>must</u> attempt to return the merchand signed proof of return or credit sli	p.
• What was received?		
Reason for returning		
• Was merchandise suitable for	the purpose intended?	
Merchant's response		

□ I did not receive the merchandise - Please contact the merchant and notify us of the

 • When did the Cardholder contact the merchant? //
• When was the outcome of the merchant contact?
• What was the expected delivery date?/ Pickup date?/
• Did the Cardholder cancel with the merchant? NoYes If yes, when?/ How?
• What was the merchandise that was ordered?
□ I was overcharged for the purchase - Please include a copy of the signed sales receipt.
□ My credit posted as a sale - Please attache a copy of the credit slip and the original sales slip.
□ The credit did not post to my account - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.
 I paid by other means - You <u>must</u> provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card. When did the Cardholder contact the merchant? ////
• What was the outcome of the merchant contact?
 I was charged for a hotel room, which I cancelled - Cancellation number is <u>required</u>. Were you advised of a cancellation policy? No Yes
• If Yes, what was the policy?
• Cancellation number (REQUIRED) Cancel date / /
• Copy of phone bill showing you contacted the merchant to cancel.
Service Dispute - Please describe the nature of your dispute and your attempts at resolution on a <u>separate sheet of paper and attach to this form</u> . Include copies of seconf opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.
 □ I did not authorize this charge - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you <u>must</u> report your card lost or stollen. If you have not, please call <u>1-800-449-7728</u> before sending in this form. If this was for a hotel room, did you request a reservation? No Yes If Yes, this is <u>not</u> an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed above.

□ Other - Please enclose a<u>DETAILED</u> description on a <u>SEPARATE SHEET</u> and <u>attach</u> it to this form.