

# Cardholder Dispute Information Form

**Card Number:**

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**Cardholder Name:**

*First*

*Middle*

*Last*

**Mailing Address**

*Street*

*City*

*State*

*Zip*

**Work Phone**

**Home Phone:**

We must hear from you no later than 60 days after we sent the first statement on which the transaction appears. You must submit your dispute in writing to us within ten (10) business days.

### Disputed/Fraud Transactions

Transaction Date	Amount	Merchant Name and Location
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Please check only **one** statement that pertains to the dispute or fraud claim being filed and provide the information requested. The templates below assume the cardholder's perspective.

**Unrecognized** (I am not sure if I made this transaction)

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

**Incorrect Amount** (I was billed the wrong amount)

What was the amount you should have been billed? \_\_\_\_\_ (Please provide a receipt if available)

What was purchased? \_\_\_\_\_

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

**Duplicate Charge** (I have been billed more than once for the same transaction)

What was purchased? \_\_\_\_\_

Please provide a copy of the statement and identify which charge is valid and which is a duplicate.

**Paid by Other Means** (I paid for this transaction via another payment method or credit card)

Paid by: (Check One)  Check  Cash  Another Credit Card  Other \_\_\_\_\_

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another credit card was used.

**Cancelled** (I was charged for something I previously cancelled)

What was purchased? \_\_\_\_\_

Were you advised of the merchant's cancellation policy? \_\_\_\_\_

If so, how were you advised? \_\_\_\_\_

What was your method of cancellation? (Check One)  Phone  Mail  Email  Other \_\_\_\_\_

Date of cancellation: \_\_\_\_\_

Cancellation number and/or name of the person you spoke with: \_\_\_\_\_

Please describe your attempt to resolve this dispute with the merchant and your reasons for cancellation in the space for **additional information** below.

If you cancelled by phone, please provide a copy of the telephone bill reflecting the call if available. If you cancelled by email, please provide the copy of the email correspondence.

**Merchandise not as Described** (The merchandise I received was damaged, defective, or not what I ordered)

What was purchased? \_\_\_\_\_

Date the merchandise was received: \_\_\_\_\_

Date you returned the merchandise or made it available for pick up: \_\_\_\_\_

Return authorization number or cancellation number if available: \_\_\_\_\_

Tracking number for returned merchandise: \_\_\_\_\_

Please describe your attempt to resolve this dispute with the merchant and how the merchandise you received was different from what was described in the space for **additional information** below.

**Service not as Described** (The service I received was not what I expected based on the description provided by the merchant)

What was purchased? \_\_\_\_\_

Date the service was received: \_\_\_\_\_

Was merchandise received with the service? \_\_\_\_\_

If yes, please provide the following:

Date you returned the merchandise or made available for pick up: \_\_\_\_\_

Return authorization number or cancellation number if available: \_\_\_\_\_

Tracking number for returned merchandise: \_\_\_\_\_

Please describe your attempt to resolve this dispute with the merchant and how the service you received was different from what was described in the space for **additional information** below.

**Credit not Processed** (I did not receive credit that was promised to me by the merchant)

What was purchased? \_\_\_\_\_

Expected date of credit: \_\_\_\_\_

Date merchandise or service was received: \_\_\_\_\_

Date merchandise or service was returned or cancelled: \_\_\_\_\_

If credit is for merchandise, please provide the following:

Date you returned the merchandise or made available for pick up: \_\_\_\_\_

Return authorization number or cancellation number if available: \_\_\_\_\_

Tracking number for returned merchandise: \_\_\_\_\_

Please describe your attempt to resolve this dispute with the merchant and your reasons for cancellation/return in the space for **additional information** below.

Please provide a copy of the return receipt or proof of return, such as a postal receipt if applicable. Please provide any documentation you have, such as a credit voucher, that supports your claim the merchant promised you a credit.

**Non-Receipt of Merchandise or Service** (I did not receive the merchandise or service I ordered by the agreed upon date)

What was purchased? \_\_\_\_\_

Date you expected to receive the merchandise or service: \_\_\_\_\_

If merchandise, was it to be shipped or picked up? \_\_\_\_\_

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

**Unauthorized** (I am positive I did not make this transaction)

I did not make nor authorize the charge(s), or authorize anyone else to make the charge(s). I give permission for my card to be blocked and for a new account number to be issued to me if necessary.

At the time the fraudulent transaction(s) occurred, my card was: (check one)

In my possession.  Not in my possession.

If card was out of your possession, date you noticed your card missing? \_\_\_\_\_

Date you last used card: \_\_\_\_\_

Dollar amount and merchant of **your** last transaction: \_\_\_\_\_

I suspect the following person(s) of having misused the payment devise described on this cardholder dispute form.

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

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

Are you willing to prosecute? Yes  No

Did you file a police report? Yes  (Please include copy) No  (We may ask you to file one)

Name of the Law Enforcement Agency: \_\_\_\_\_

Case Number: \_\_\_\_\_

Detective's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Additional Information** (Please provide additional information required for the dispute type and a full description of your interaction with the merchant from the date of purchase to your last contact. Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide four (4) examples of your signature below: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_