

Customer Statement of Disputed Transactions

FORM MUST BE COMPLETED IN ENGLISH

Please check only one item and print all information. Use a separate form or additional pages to document each dispute

Attention: Chargeback Services (Chargeback Customer Service Inquiries) : 1-844-865-5540

Fax: 1.800.253.1220

Mail: PO BOX 30495 Tampa, FL 33630-3495

Cardholder's Name: _____

Today's Date: _____

Total # of pages faxed: _____

Total # of fraud/dispute transactions: _____

Card #:

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(Please provide the card number on which the disputed transaction occurred)

Disputed/Fraud Transactions

| Transaction Date | Transaction Posting Date | Transaction Amount | Merchant Name |
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*Please note that if you have additional transactions that do not fit in the above space, please attach a copy of your statement and circle the transactions being dispute or add them on an additional page.

Please check only one statement that pertains to the dispute or fraud claim being filed and provide the information requested.

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.

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

What was purchased? _____

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 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 a 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: _____

Date you cancelled or attempted to cancel the service: _____

Was merchandise received with the service? _____

If yes, please provide the following:

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 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 it available for pick up: _____

Return authorization number or cancellation number if available: _____

Tracking number for returned merchandise: _____

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Card #:

(Please provide the card number on which the disputed transaction occurred)

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

Credit Not Processed Continued 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 not authorize the charge(s), or authorize anyone else to make the charge(s). I give my permission for my card to be blocked and for a new account number to be issued to me if necessary.

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

In my possession Not in my possession

- Have you filed a police report (___) Yes (attach copy) (___) No (You may be required to file a police report if you have not already done so.)

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

Cardholder Signature: _____ Date: _____

Home Phone # _____ Work Phone # _____