CARDHOLDER DISPUTE FORM

Credit/Debit Account # _____ Cardholder Name _____
(16 Digit Card Number)

Cardholder Phone # _____ Disputed Amount $ _____ Post Date _____

Merchant Name _____ Disputing more than one item? YES ____ NO _____

If Yes, then this is number _____ of _____ (e.g. 1 of 3) ONLY ONE TRANSACTION PER FORM

Email Address _____

Signature Required _____

BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT

Select Type of Dispute (Check ONLY one)

☐ **Did not recognize** - Please attempt to contact the merchant prior to disputing the charge.

- When did the Cardholder contact the Merchant? (mm/dd/yy) ____/___/____
- What was the outcome of the merchant contact? _____

I was billed twice for a single purchase - Cardholder certifies one transaction is valid, but posted more than once. **All cards issued to me are in my possession.**

- Valid Transaction $_____ Post Date_____
- Invalid Transaction $ _____Post Date _____

☐ **Membership Cancellation** - Please enclose copy of **letter, email, or FAX** informing the merchant of cancellation.

- When did the cardholder contact the merchant? _____
- Reason for cancellation? _____
- Date of cancellation _____ Cancellation # _____
- Were you advised of a cancellation policy? YES_____ NO_____

  If Yes, what were you told? _____

  _____

☐ **Merchandise was returned** - You ***must*** attempt to return the merchandise prior to exercising this right. **Please attach signed proof of return or credit slip.**

- **What was ordered?** _____
- **What was recevied?** _____
- **Reason for returning?** _____
- **Was merchandise suitable for the purpose intended?** _____
- **Merchant's response** _____

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☐ **I did not receive the merchandise** - Please contact the merchant and notify us of the outcome.

- When did the Cardholder contact the merchant? ____/____/_____
- What was the outcome of the merchant contact? _____

  _____
- What was the expected delivery date? ____/____/_____ Pickup date? ____/____/_____
- Did the Cardholder cancel with the merchant? NO____ YES____

  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 attach 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 **must** 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 **required**.

- 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 **separate sheet of paper and attach to this form**. Include copies of second 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 **must** report your card lost or stolen. If you have not, please call **1-800-449-7728** before sending in this form.

- If this was for a hotel room, did you request a reservation? NO____ YES____
  If Yes, this is **not** 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 **DETAILED** description on a **SEPARATE SHEET** and attach it to this form.

FOR DISPUTES: Fax 727.571.4598 Phone 888.918.7322

BRIEF SUMMARY OF YOUR COMPLAINT

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