

NOTIFICATION OF DISPUTED TRANSACTION

Cardholder Information *(required – Please Print)*

Cardholder Name: _____

Cardholder Address: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Card # (16 digits): |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Transaction Amount: \$ _____ Transaction Date: ____ / ____ / ____

Disputed Amount: \$ _____ Sequence #: _____

Acquirer Reference # _____

Merchant Name: _____

Complete the section that best applies:

Services Not Provided or Merchandise Not Received

What was purchased? _____

Was the merchandise returned? Yes No

Was the purchase received by agreed dates? Yes No

Expected date of receipt? ____ / ____ / ____

Did the cardholder attempt to resolve with merchant? Yes No

Agreed upon location for delivery of merchandise? (input address)

Canceled Recurring Transaction

Who did the cardholder speak with at the merchant? _____

Cancellation reason? _____

Date of cancellation? ____ / ____ / ____

Contact method? _____

Merchant response or why the merchant was not contacted? _____

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Not as Described or Defective Merchandise

What was purchased? _____

What was wrong? _____

Expected date of receipt: ____/____/____

Did the cardholder attempt to resolve with merchant? Yes No

Purchase description: _____

Did the cardholder cancel? Yes No

Was merchandise returned? Yes No

Provide details why the merchandise/service was not as described/defective: _____

Credit Not Processed

Was a credit voucher, voided transaction receipt or refund acknowledgement given? Yes No

What was purchased? _____

Was merchandise returned? Yes No

Return date: ____/____/____

Return method: _____

Why was the merchandise not returned? _____

Providing a copy of credit receipt?. Yes No

Alternate accommodations provided, but merchant did not issue credit receipt. Yes No N/A

Merchant billed more than one night stay for no show. Yes No N/A

An original credit was not accepted because either recipient refused the original credit or original credit is prohibited by local law. Yes No N/A

Did cardholder cancel? Yes No

Cancel date: ____/____/____

Did the cardholder attempt to resolve with merchant? Yes No

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Paid by Other Means

Providing proof that merchant received payment by other means. Yes No

Payment method: _____

Payment Description _____

Did the cardholder attempt to resolve with merchant? Yes No

Date of most recent contact: ____/____/____

Additional Comments: _____

Signature: _____ **Date:** _____

Please remember to include any documentation necessary to support your dispute.