CARDHOLDER DISPUTE FORM

Thank you for contacting us regarding a dispute on your Visa or MasterCard. Please use this form to explain the details of your dispute. You may place additional details on the second page.

Cardholder Name	Card Number	ber				
Merchant Name	Amount	Transaction Date				
Please thoroughly read this enti	re form, then choose ONE	E category that best describes your dispute:				
I did not participate or aut	horize this transaction.					
My card is in my						
	_	transaction I do not recognize this transaction	on.			
I paid for this purchase and A cash receipt	other way, but it still posted t	I to my statement. I have provided:				
Copies of both si	des of a canceled check					
=	The credit/debit card statement where the valid charge appears					
		ith this form before we can assist with your dispu	te.)			
This charge posted to my a	account twice, but I only auth	thorized one purchase. The valid charge posted on				
My credit	cards are still in my possession	sion.				
The charge posted to my a	account for an amount differe	rent from the amount on my receipt.				
I <u>have/have not</u> (circle o	ne) enclosed a copy of my re	receipt showing the difference.				
I have not received expect	ed goods or services. The ex	expected date of delivery/completion was				
I have contacted the mer	chant and the response was _	(Please place				
additional details of thi	s dispute on the second pag	ge of the form.)				
		quality, damaged, or unsuitable for the purpose				
		rchandise on I have contacted the				
		(Please provide details of wl				
_	_	age of the form, and include proof the goods were)			
returned to the mercha	nt, such as a tracking numl	aber.)				
I have returned merchandi	se to the merchant. A copy of	of my credit slip is enclosed.				
\	· · · · · · · · · · · · · · · · · · ·	to the merchant. I did not receive a credit slip because				
		cle one) informed of the merchant's return policy, and	d			
their response was	·					
I cancelled the transaction	with the merchant on	I was/was not (circle one) informed of the				
-		e merchant and their response was y contracts or correspondence to and from the				
merchant.)	(Trease include any	y contracts of correspondence to and from the				
I cancelled the hotel recorn	vation on My.c	cancellation number is (If no				
		telephone statement showing the cancellation call to	,			
the merchant.)	provided, predice provide a u	telephone succinent showing the cancendation can to				

NOTE: Please provide a detailed explanation of the above dispute.					
					
Cardholder Signature			Date		

Please fax this form along with supporting documentation and the Disputes Fax Cover sheet to 513-358-3543. For questions please call 800-808-6402.