

Dispute Form

Please complete, print, and sign this form if you are disputing a charge from a merchant which posted to your credit card. You can also save the completed form to your computer as a record of your dispute. Your completed form (sections A-C) must be either mailed or faxed to us within 60 calendar days of the mailing date of your billing statement. Be sure to provide all supporting documentation with your response as this will enable us to begin pursuing credit from the merchant more quickly.

Section A - General Information

Please provide all of the following pieces of information and sign the form where indicated:

Account Number: _____

Cardholder Name: _____ Daytime Phone: _____

Cardholder Signature: _____ Today's Date _____ / _____ / _____
(Please sign before mailing or faxing the completed form to us) (mm / dd / yyyy)

Section B - Transaction Information

Please provide all of the following pieces of information regarding the transaction being disputed:

Transaction Date: _____ / _____ / _____ Amount of Charge: _____

Merchant Name: _____

Section C - Dispute Type

Read each of the following descriptions carefully and check the one box (1-11) that most appropriately fits your particular dispute:

1 I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.

2 I have been billed more than once for the same transaction (same amount and same date). I authorized only one charge with this merchant for the amount of _____ on the date of _____ / _____ / _____.

3 I authorized only one charge from the merchant for the amount of _____. The date of this valid transaction was _____ / _____ / _____. I did not authorize the additional charge from this same merchant in the amount of _____ which posted on the date of _____ / _____ / _____. My card was in my possession at all times.

4 My account has been charged for the transaction listed above, but I have not received the merchandise or service. I expected to receive _____ from the merchant on _____ / _____ / _____. I contacted the merchant on _____ / _____ / _____, and their response was _____. The matter was not resolved.

5 I have received a credit voucher for the listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed. (If store credit, send copy of sales slip and credit slip. Specify reason(s) for not using store credit.) _____

6 I have been billed the wrong amount. Enclosed is a copy of my sales draft showing the amount for which I signed. My credit card receipt shows _____. However, I was billed _____.

7 I recognize this charge, but need a copy of the sales draft for my records. I understand that I will be charged \$5.00 for each sales draft.

8 I have been billed for this transaction; however, the merchant was unable to provide the services. (Please provide reason for the merchant's inability to provide service. Also enclose any documentation that may support your claim.) _____

9 My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.

10 The item purchased does not conform to what was agreed upon with the merchant. I attempted to return the merchandise on ____/____/____. (Please specify what goods, services, or things of value were expected versus received. Enclose any documentation which supports your claim. If you have returned merchandise to the merchant, please provide us with proof of return, such as return receipt, or provide us with the tracking number. If you were unable to return the merchandise, please explain why) _____

11 **If none of the above reasons apply:** Please print this form and provide a complete description of the problem by detailing your attempted resolution with the merchant and outstanding issues. Also enclose any documentation that may support your claim.

Please return your completed form and supporting documentation to us by mail or fax:

Card Services - Billing Disputes
P.O. Box 8802
Wilmington, DE 19899-8802

Fax Number: Toll Free (866) 390-3437