

NON-FRAUD CARDHOLDER DISPUTE FORM

(Please note: This form is only to be used for disputes and/or errors, fraudulent transactions should not be listed on this form. Please use the Affidavit of Fraud form for fraud claims.)

Cardholder Name _____ Card number _____ - _____ - _____ - _____
 Merchant Name _____ Amount _____ Date ____ - ____ - _____

BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT FIRST. Select Type of Dispute (Please choose ONLY ONE.)

Membership/Subscription Cancellation – Please enclose copy of letter, e-mail, or fax regarding the cancellation.

- When did the cardholder contact the merchant? _____
- Reason for the cancellation? _____

- Date of cancellation ____ - ____ - _____ Cancellation # _____
- What is the cancellation policy? _____

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

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

I did not receive the merchandise or service ordered.

- What was ordered? _____ When did the Cardholder contact the merchant? ____ - ____ - _____
- What was the outcome of the merchant contact? _____
- What was the expected delivery date? ____ - ____ - _____ Pick up date? ____ - ____ - _____
- Did the Cardholder cancel with the merchant? No _____ Yes _____ When? ____ - ____ - _____

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 account.

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

I was charged for a hotel room/airline ticket, which I cancelled – cancellation number is **required**.

- Cancel Date ____/____/____ Were you advised of a cancellation policy? No _____ Yes _____
- What is the cancellation policy? _____
- Cancellation # _____ Please provide proof 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 certified merchants on their invoice or letterhead, repair bills, contracts and any other supporting documentation.

Other – Please enclose a **detailed** description on separate sheet of paper and attach it to this form. Please include any other supporting documentation

I declare under penalty of perjury that the foregoing is true and correct.

Cardholder Signature _____ **Executed on Date** ____ - ____ - _____

Phone Number ____ - ____ - _____ **E-mail address** _____