

Credit Card Merchant Dispute

This form can be mailed or faxed to 678-375-6096.

CREDIT CARD CENTER
ATTENTION: CHARGEBACK DEPARTMENT
P.O. BOX 183258
COLUMBUS, OH 43218-3258

If you have any questions please do not hesitate to contact us at 855-462-5880.

Name: _____ Card Number: _____

Merchant Name: _____ Transaction Amount: _____

Disputed Amount: _____ City/State: _____

Transaction Date: _____ Post Date: _____

() Although I did engage in the above transaction(s), I have contacted or attempted to contact the merchant and was refused a price adjustment, replacement of goods, or a credit voucher. *PLEASE MAKE ADDITIONAL COMMENTS FOR THE REASON OF DISPUTE ON A SEPARATE SHEET OF PAPER.*

() I neither made nor authorized the above transaction(s). I contacted the merchant to obtain information regarding this transaction prior to disputing.

() Although I did engage in at least one transaction at the merchant location, I am still in possession of the card on my account, and did not authorize or give anyone else authorization to engage in the above transaction(s).

() Merchandise Not Received

The merchandise was shipped. It was not received by me, nor anyone authorized by me. I expected to receive the merchandise on ____/____/____.

() Defective Shipped Merchandise

I received shipped merchandise that was damaged. I attempted to return it on ____/____/____. If only part of the merchandise was damaged, please state dollar amount of damaged portion \$_____. *PLEASE PROVIDE A COPY OF YOUR RETURN RECEIPT SIGNED BY THE MERCHANT.*

() Returned Merchandise

PLEASE STATE IN WRITING IF YOU REQUESTED CREDIT FROM THE MERCHANT AND THE REASON THE MERCHANDISE WAS RETURNED, I.E. WRONG SIZE, COLOR, QUANTITY, ETC. INCLUDE A COPY OF YOUR RETURN RECEIPT SIGNED BY THE MERCHANT WITH A COPY OF YOUR CREDIT SLIP OR VOUCHER.

() Paid By Other Means

I have contacted the merchant and attempted to resolve this matter. I am providing all copies of charges, copy of front and back of cancelled check or paid cash receipt to provide proof of payment.

Hotel Reservation

The cancellation number given to me by the hotel was _____.
IF YOU DO NOT HAVE THE NUMBER PLEASE OBTAIN IT FROM THE MERCHANT SO THAT WE MAY PROCESS THE CREDIT. IF A CANCELLATION NUMBER IS NOT AVAILABLE PROVIDE THE NAME OF THE PERSON THAT TOOK THE REQUEST.

Airline Transportation

Airline transportation or other services to be provided on ____/____/____ were not received by me nor anyone authorized by me.

Service Dispute

IF YOU HAVE A PROBLEM WITH THE QUALITY OF MERCHANDISE OR SERVICES THAT YOU PURCHASED, AND HAVE TRIED TO RESOLVE THIS MATTER WITH THE MERCHANT, PLEASE INCLUDE A DETAILED LETTER EXPLAINING THE NATURE OF THE DISPUTE AND THE RESULTS OF YOUR ATTEMPT TO RESOLVE THIS WITH THE MERCHANT.

Credit Not Posted

PLEASE PROVIDE A CREDIT SLIP BEARING YOUR ACCOUNT NUMBER, MERCHANT NAME AND DOLLAR AMOUNT TO BE CREDITED OR WRITTEN ACKNOWLEDGEMENT FROM THE MERCHANT CONSENTING TO A REFUND.

Difference in Amount

The amount of my sales slip differs from the amount I was billed. *ENCLOSE COPY OF SALES SLIP.*

Credit Posted as Sale

The enclosed credit slip posted as a sale. *PLEASE PROVIDE A COPY OF YOUR STATEMENT SHOWING THE ORIGINAL TRANSACTION, ALONG WITH YOUR CREDIT SLIP/VOUCHER.*

Recurring Transaction

I did engage in the above transaction, which was to be billed on a monthly/annual basis. I contacted the merchant on ____/____/____ to cancel my authorization. *PLEASE SUPPLY PHONE NUMBER OR COPY OF LETTER THAT WAS SENT TO THE MERCHANT.*

Are there unauthorized charges? _____ *IF YES, INCLUDE A COPY OF YOUR BILLING STATEMENT AND CIRCLE THE DISPUTED CHARGES.*

Comments or further explanations should be provided on a separate sheet of paper.

____/____/____
DATE

SIGNATURE

(____) _____
DAY PHONE#

(____) _____
EVENING PHONE#