



## Cardholder Transaction Dispute Form

*I have done business with this merchant before, but I am disputing a charge from them.*

Cardholder Name and Account Number

Debit/Credit Card Number

Merchant Name

Transaction Date

Dispute Amount

Total Transaction Amount

**\*\*An attempt to resolve with the merchant is required by Visa before filling out this form\*\***

Merchant Contact Date: \_\_\_\_\_ (mm/dd/yy)

Representative Name: \_\_\_\_\_

Merchant's Response: \_\_\_\_\_

Confirmation Number (if available): \_\_\_\_\_

### WHICH BEST DESCRIBES YOUR DISPUTE:

☐ **I have not received the merchandise that I ordered.**

Purchase Description: \_\_\_\_\_

Expected date of delivery: \_\_\_\_\_ (mm/dd/yy)

☐ **Merchandise that was shipped to me was damaged or defective upon arrival.**

Choose ☐ Damaged ☐ Defective Date Received: \_\_\_\_\_ (mm/dd/yy)

Date returned: \_\_\_\_\_ (mm/dd/yy) Proof of delivery: ☐ Packing slip ☐ Other receipt (Please attach proof of delivery.)

☐ **I have returned merchandise but I have not received a credit. (Please attach proof of delivery.)**

Date returned: \_\_\_\_\_ (mm/dd/yy)

Reason returned: \_\_\_\_\_

☐ **The merchant agreed to issue a credit, but it has not posted to my account.**

Date merchant agreed to issue credit: \_\_\_\_\_ (mm/dd/yy)

Amount merchant agreed to credit: \$ \_\_\_\_\_ (Please attach a copy of the credit slip.)

☐ **I cancelled a membership/subscription, but I'm still being charged.**

I signed up for a: ☐ Free Trial Product ☐ Membership ☐ Subscription ☐ Policy

Cancellation Date: \_\_\_\_\_ (mm/dd/yy)

Did the merchant ask you to return the product? ☐ Yes ☐ No

If yes, date returned: \_\_\_\_\_ (mm/dd/yy) (Please attach proof of delivery.)

☐ **I have been billed the wrong amount.**

My credit card receipt shows \$ \_\_\_\_\_. I was billed \$ \_\_\_\_\_. (Please attach a copy of your receipt.)

☐ **I cancelled the hotel reservation.**

Type of reservation: ☐ Hotel ☐ Other: \_\_\_\_\_

The reservation dates were: \_\_\_\_\_ Cancellation Date: \_\_\_\_\_ (mm/dd/yy)

(Please attach cancellation letter, email, or other proof of cancellation, if available.)

☐ **I have been billed more than once for the same transaction.**

This is what happened at the merchant location: \_\_\_\_\_

(Please attach a copy of your receipt.)

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Fax completed form to Support Services at (978) 367-1105**