



For Official Use Only:
 Provisional Credit Amount: \$ _____
 Provisional Credit Date: _____

Point-of-Sale Dispute

Cardholder's Name:			Date:		
Card Number:			Expiration Date:		
Daytime Phone:		Evening Phone:			
Mailing Address:					
Cardholder Email:					
Transaction Amount	Transaction Date	Merchant	Transaction Amount	Transaction Date	Merchant
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Please tell us why you think the item(s) noted above is an error. Please check only one box, do not alter the wording on this form, and provide copies of all documentation that will help us investigate your dispute (i.e., contracts, invoices, detailed letter, sales draft).

- ___ 1. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly. Attached is my copy of the sales draft that shows the correct amount.
- ___ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or a person authorized by me. (If you do not recognize a sale, choose this option.)
- ___ 3. I have not received the merchandise that was shipped to me on _____ (date). I have asked the merchant to credit my account.
- ___ 4. The attached credit slip was listed as a charge on my account.
- ___ 5. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed.
- ___ 6. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the merchant and requested a credit adjustment. I either did not receive this credit or it was unsatisfactory. I am disputing the charge because:

- ___ 7. I certify that the charge in question was a single transaction but was posted twice to my statement. I did not authorize the second transaction.
 Sale #1 \$ _____ Reference # _____
 Sale #2 \$ _____ Reference # _____
- ___ 8. I notified the merchant on _____ (date) to cancel the preauthorized order (reservation). Please note cancellation #, and if available, attach a copy of your telephone bill showing the date and time of cancellation. Reason for cancellation:

- ___ 9. Although I did engage in a transaction with the merchant, I was billed for transactions totaling \$ _____ that I did not engage in, nor was anyone else authorized to use my card. I do have all my cards in my possession. Attached is a copy of my sales slip for the valid charge.
- ___ 10. Merchandise that was shipped to me has arrived damaged and/or defective. I returned it on _____ (date) and asked the merchant to credit my account.
- ___ 11. I have returned merchandise on _____ (date) because: _____
- ___ 12. Other. Please explain. _____

Signature (Required): _____ Date: _____

I, _____, am disputing the charges listed below that were done using my
Cardholder Name

Debit card # _____, which was in my possession at all times, for the
following reason:

I was unable to get in touch with anyone or they were unable to resolve the issue. The charges are as follows:

Transaction Amount	Date	Merchant
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
7.)		
8.)		
9.)		
10.)		

Signature

Date