

Please fax a copy to Rebecca Chapa 713 500-4710.

Non Travel Related Disputes

Date _____

Cardholder Information Account # _____ - _____ - _____ - _____ Phone# (____) _____ - _____
Transaction Information Name(s) _____ Fax # (____) _____ - _____
Merchant Name _____ Phone # (if known) (____) _____ - _____
Merchant Location (if available) _____
23 Digit Reference # _____
Transaction Date ___/___/___ Transaction Amount: \$ _____ **Disputed Amount** \$ _____

I am initiating this dispute on behalf of the customer

Name : _____ Relationship to cardholder: _____

Signature: _____

PLEASE CHECK THE APPROPRIATE DISPUTE AND COMPLETE THE CORRESPONDING INFORMATION

The charge is mine, however I need a copy

I don't recognize this sale

I never authorized this transaction

*** Cardholder Signature required (unless this form is generated from the cardholder's email address):*

I participated in only one transaction, the second one is unauthorized

*** Cardholder Signature required (unless this form is generated from the cardholder's email address):*

I paid for this transaction by other means.

*** Must provide copy of the front & back of canceled check, other credit card statement showing the second charge, cash receipt, etc. as supporting documentation.*

I was billed a different amount than my receipt shows

*** Must provide a copy of the receipt showing the amount that should be billed*

For the following inquires, please answer the questions below

➤ **An attempt to resolve this dispute with the merchant must be made. Please describe you attempt(s):**

➤ **On what date(s) did you contact the merchant to resolve this concern? ___/___/___ - ___/___/___**

I was billed for merchandise, service, or cash I haven't received

➤ Describe the item(s) not received, including dollar amount of each item _____

➤ Date merchandise/services were to be provided: ___/___/___

➤ Ship To address (if different) _____

*** If the transaction was made face-to-face, proof must be supplied showing merchandise was to be shipped*

I am disputing the Quality of Merchandise/Services received.

➤ List item(s) defective/not as ordered, including dollar amount of each item. _____

➤ Describe why item(s) defective/not as described, or incompatible: _____

*** Must supply proof of what was ordered versus what was received. If made over the phone, written correspondence will be sufficient.*

➤ Date merchandise was returned, or attempted to return ___/___/___ *** Must attach proof of return, if applicable.*

I am disputing a card-activated call

➤ Please describe your reason for dispute, including dollar amount you're disputing

