SIGNATURE - CARDHOLDER STATEMENT OF DISPUTE

Please complete the following form as completely and accurately as possible. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Cardholder Name (Please print or type)			16	16 Digit Card Number:						
Please list the disputed transaction(s) below (additional space is provided on page two).										
		Fransaction Date	23 Digit ARN = Acquirer's Reference Number		EFT Web. Reference #					
		coion of the card a	t the time of the transacti		No					
A. Were you in possession of the card at the time of the transaction?										
B. If No, what happened to the card?										
C. Do you certify that the card was lost/stolen prior to these transactions?										
Please c	check one o	ption below that	best applies to your di	spute.						
	represented was broken i		eceived by me. Attached is	a detailed letter explaining	my dispute (i.e. lost wallet, nome					
	Please note that Regulations <u>require</u> you to contact the merchant and attempt to resolve your dispute before we will be able to assist you with the following situations. Complete the <u>required</u> Cardholder Questionnaire that applies to your									
			lations. Complete the <u>rec</u>	<u>quired</u> Cardholder Questic	nnaire that applies to your					
2.	as supporting documentation. I have been billed for an incorrect amount. The amount of the charge on my sales draft was \$									
		he amount posted to my card was \$ For altered transaction amount you must supply a copy of the								
	sales draft.		·							
3.	Although I did engage in a transaction with the merchant, I was billed for a transaction(s) that I did not engage in, nor anyone else authorized to use my card. Attached is a copy of my sales slip for the valid charge.									
4.			d to use my card. Attached is a copy of my sales slip for the valid charge. e merchandise I ordered and expected to receive on (Date).							
		have contacted the merchant for a credit.								
<u> </u>	contacted the	Ithough I did engage in the transaction(s), I am disputing the quality of the goods or services I received. I have ontacted the merchant and I either did not receive a credit or I am still unsatisfied. Attached is all documentation to upport my claim.								
6.	I have been b	billed twice for the s	ame purchase. The origina	al transaction was posted on	(Date).					
	The second t	transaction was pos	ted on	(Date).						
7.				(Date						
8.		anceled this service/reservation with the merchant on <i>(Date).</i> rchandise, which was shipped to me, has arrived damaged, defective, and/or different from what I ordered. Attached proof of return.								
9.	I have return	have returned merchandise and requested a credit from the merchant. I returned the merchandise on (Date).								
10.		purchase by other		of the front and back of the ans (e.g. credit card statements)						
11.	Other: See a	attached detailed sta	atement/letter of dispute.							
Signature:				Da	te:					
THIS SECTION IS FOR BANK USE ONLY When complete, fax to: 770 840 2515										
Institution Name:				Institution No.:	Phone:					

Institution Contact:

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Date card # was hotcarded/derogged:

Fax:

Date card # placed on MC Warning Bulletin/Visa Exception File:

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(Continued from page one) Please complete the following form as completely and accurately as possible. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

	Cardholder Name (Pl	16 Digit Card Number:			
loopo list the discut	ad transaction(a) heles	w (Additional space is provided on pag			
Transaction Amt	Transaction(s) belo	ge two.) Ice Number			