## BEEU

## CARDHOLDER DISPUTE FORM

Cree	dit/Debit Account Cardholder Name
Card	(16 Digit Card Number) $5-11-2$ dholder Phone # Disputed Amount $\frac{741}{8}$ Post Date $5-9-2$
	chant Name THAICUPID Disputing more than one item? Yes No X
	es, then this is number of (e.g. 1 of 3) ONLY <u>ONE</u> TRANSACTION PER FORM
	mil Addres
	ENATURE REQUIRED
	BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO
	RESOLVE THE DISPUTE WITH THE MERCHANT.
	Select Type of Dispute (Check <u>ONLY</u> one)
	Did not recognize – Please attempt to contact the merchant prior to disputing the charge.
	When did the Cardholder contact the Merchant? (mm/dd/yy)/ //
	What was the outcome of the merchant contact?
	<ul> <li>I was billed twice for a single purchase – Cardholder certifies one transaction is valid, but posted more than once. All cards issued to me are in my possession</li> <li>Valid Transaction \$ Post date</li> </ul>
	Invalid Transaction      Post date
	Membership Cancellation – Please enclose copy of letter, email, or fax informing the merchant of cancellation.
	When did the cardholder contact the merchant?
	Reason for cancellation?
	Date of cancellation Cancellation #
	Were you advised of a cancellation policy? Yes No
	If Yes, what were you told?
	Merchandise was returned - You <u>must</u> attempt to return the merchandise prior to exercising this right. Please attach signed proof of return or credit slip. • What was ordered?
	What was received?
	Reason for returning
	Was merchandise suitable for the purpose intended?
	Merchant's response

Carden and a second	did not receive the merchandise - Please contact the merchant and notify us of the
•	When did the Cardholder contact the merchant? <u>61211203</u> MMITIPLE
•	What was the outcome of the merchant contact? RPFUND RPFUSED
	JEP ATTACHED EXPLANATION
٠	What was the expected delivery date? / / Pickup date? / /
٠	Did the Cardholder cancel with the merchant? NoYes
	If yes, when? <u>6 12/12</u> How? EMATL
•	What was the merchandise that was ordered? $MAY 2021$
	was overcharged for the purchase - Please include a copy of the signed sales receipt.
	ly credit posted as a sale - Please attach a copy of the credit slip and the original sales slip.
ПТ	he credit did not post to my account - Please enclose a copy of the dated credit slip or
nc	tice of credit from the merchant and a detailed explanation of your dispute.
th	paid by other means - You <u>must</u> provide proof of paid by other means such as a copy of e cancelled check (front and back), a cash receipt, or a billing statement from another credit and . When did the Cardholder contact the merchant?//
•	What was the outcome of the merchant contact?
[] I	What was the outcome of the merchant contact?
	was charged for a hotel room, which I cancelled - Cancellation number is <u>required</u> . Were you advised of a cancellation policy? No Yes If Yes, what was the policy?
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su i i i i tr c: <u>1</u> o	was charged for a hotel room, which I cancelled - Cancellation number is required. Were you advised of a cancellation policy? NoYes If Yes, what was the policy? Cancellation number(REQUIRED) Cancel date/ Cancellation number(REQUIRED) Cancel date/ Copy of phone bill showing you contacted the merchant to cancel. ervice Dispute - Please describe the nature of your dispute and your attempts at resolution a separate sheet of paper and attach to this form. Include copies of second opinions on a certified merchant on their invoice or letterhead, repair bills, contracts or other pporting documentation. did not authorize this charge - I certify that I did not authorize or participate in this ansaction with the above-mentioned merchant, nor did I authorize anyone else to use my ard. To use this option, you <u>must</u> report your card lost or stolen. If you have not, please call -800-449-7728 before sending in this form If this was for a hotel room, did you request a reservation? NoYes
su i i i i tr c: <u>1</u> o	was charged for a hotel room, which I cancelled - Cancellation number is required. Were you advised of a cancellation policy? NoYes If Yes, what was the policy? Cancellation number(REQUIRED) Cancel date/ Copy of phone bill showing you contacted the merchant to cancel. ervice Dispute - Please describe the nature of your dispute and your attempts at resolution a separate sheet of paper and attach to this form. Include copies of second opinions on a certified merchant on their invoice or letterhead, repair bills, contracts or other pporting documentation. did not authorize this charge - I certify that I did not authorize or participate in this ansaction with the above-mentioned merchant, nor did I authorize anyone else to use my ard. To use this option, you <u>must</u> report your card lost or stolen. If you have not, please call -800-449-7728 before sending in this form If this was for a hotel room, did you request a reservation? NoYes

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