



PO Box 20147, Lehigh Valley, PA 18002-0147
Phone: (800) 821-5104 Fax: (610) 706-7042

PURCHASE DISPUTE FORM

Debit Card # _____ Cardholder Name _____

Cardholder Phone # _____ Disputed Amount \$ _____ Post Date _____

Merchant Name _____ Disputing more than one item? Yes ___ No ___

If Yes, then this is number ___ of ___ (e.g. 1 of 3) **ONLY ONE TRANSACTION PER FORM**

Email Address _____

SIGNATURE REQUIRED _____

BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT.

Select Type of Dispute (Check ONLY 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? _____

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.**

- Valid Transaction \$ _____ Post date _____
- 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 **must** attempt to return 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? _____



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I did not receive the merchandise - Please contact the merchant and notify us of the outcome.

- When did the Cardholder contact the merchant? _____
- What was the outcome of the merchant contact? _____
- What was the expected delivery date? _____ Pickup date? _____
- Did the Cardholder cancel with the merchant? No ____ Yes ____
If yes, when? _____ How? _____
- What was the merchandise that was ordered? _____

I was overcharged for the purchase - Please include a copy of the signed sales receipt.

My credit posted as a sale - Attach a copy of the credit slip and the original sales slip.

The credit did not post to my account - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

I paid by other means - You **must** provide proof of payment by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.

- When did the Cardholder contact the merchant? _____
- What was the outcome of the merchant contact? _____

I was charged for a hotel room, which I cancelled - Cancellation number is **required**.

- Were you advised of a cancellation policy? No ____ Yes ____
- If yes, what was the policy? _____
- Cancellation number _____ (REQUIRED) Cancel date _____
- Copy of phone bill showing you contacted the merchant to cancel.

Service Dispute - Please describe the nature of your dispute and your attempts at resolution on a **separate sheet of paper and attach to this form**. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.

I did not authorize this charge - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen.

- If this was for a hotel room, did you request a reservation? No ____ Yes ____
- If yes, this is not an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed above.

Other - Please enclose a **DETAILED** description on a **SEPARATE SHEET** and **attach** it to this form.