



TRANSACTION DISPUTE FORM

Visa/MasterCard Card Number:

Cardholder Name:

Transaction Amount (USDS)

Transaction Date:

Merchant:

Telephone:

I have examined the charge(s) made to my account and dispute the above item(s) for the following reason (please check only one). I am enclosing copies of all pertinent documents, including the sales slip(s) received from the merchant.

I acknowledge participation in at least one transaction at the above mention merchant location. However, I neither engaged in nor authorized the transaction in question. I therefore certify that the signature appearing on the disputed sales draft is not mine.

The above mentioned transaction appears more than once on my billing statement. I certify that only one transaction was made by me.

I have been incorrectly billed by the identified merchant reflected on my statement dated _____ . (Attached is my copy of the receipt showing correct amount)

I certify that the above mentioned charge was not made nor authorized by me or by any person authorized by me to use my card.

The signature on the sales slip is not mine and I neither made nor authorized this transaction. My Visa Card was in my possession and control at the time the transaction was made.

The sales slip bears no card imprint and / or signature and I neither made nor authorized this transaction to be applied to my account.

I certify that the merchandise was ordered by me, to be sent to address

but I never received merchandise.

I ordered and received goods which are faulty/defective and I returned the item(s) to the supplier. (Attached is a copy of documentation to prove merchandise was indeed returned to merchant.)

The amount(s) on the sales slip was altered from \$ _____ to \$ _____.
A copy of the unaltered slip or hotel itemized bill (folio) is enclosed.

The charge was paid for by cash or cheque. (A copy of the front and back of cancelled cheque or a cash receipt must be provided.)

I did authorize the charge but the hotel was unable to provide service. (Provide reason why the merchant was unable to provide the service.)

The hotel reservation was cancelled on (date) _____ . The cancellation number given to me at the time was _____ .

The hotel reservation was cancelled on (date) _____ , However, the merchant refused to or did not provide me with a cancellation number.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

**** Should the transaction prove to be genuine, I authorize that my account can be debited with a \$10.00 (relevant to account currency) administration charge.**

Use this section to provide any other details (**written in block letters**) which may assist in the resolution of this dispute.

(Signature as it appears on card