



Cardholder Dispute Form

Today's date:	
Your company's name:	
Your name:	
Your Visa account number:	
The fax # where correspondence can be sent to you:	
Your phone number:	
Dollar amount of disputed item:	
Merchant name:	
Posting date of disputed item:	
Statement date on which disputed item appears:	

Please select one of the following:

- I expected a credit for the above item, but the merchant has not yet posted it (please include your credit slip)
- This item was charged to me twice (in the above section, please provide information for the incorrectly charged item only)
- The amount for this item is not correct (please include a copy of your sales receipt showing the different amount)
- Based on the information available to me on my monthly statement as described above, I do not recognize this charge.

Cardholder's signature

Date