

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

CREDIT OR DEBIT CARD NUMBER	
CARDHOLDER NAME	
CARDHOLDER PHONE #	EMAIL ADDRESS
DISPUTE AMOUNT \$	POST DATE
MERCHANT NAME	
	Date:
SELECT TYPE	OF DISPUTE (CHECK ONLY ONE)
<ul> <li>I was billed twice for a single purchance than once. All cards issued t</li> <li>◆ Valid Transaction \$</li> </ul>	
Invalid Transaction \$	Post date
merchant of cancellation.  • When did the cardholder cont	e enclose copy of <b>letter, email, or fax</b> informing the cact the merchant?
Date of cancellation	Cancellation #
•	ation policy? Yes No
exercising this right. Please attach	must attempt to return the merchandise prior to signed proof of return or credit slip.
Reason for returning	
Was marshandisa suitable for	the nurnose intended?

## **CARDHOLDER DISPUTE**

	Date Returned
	Where you informed of the merchant's return policy?
	What is the merchant's return policy?
	•
	Merchant's response
_	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?
	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 - Please attach a copy of the credit slip and the original sales slip.
$\Box$ .	The credit did not post to my account - Please enclose a copy of the dated credit slip or
r	notice of credit from the merchant and a detailed explanation of your dispute.
	<ul> <li>I paid by other means - You must provide proof of paid 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.</li> <li>When did the Cardholder contact the merchant?/////</li></ul>
	What was the outcome of the merchant contact?
	I 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?
	Cancellation number(REQUIRED) Cancel date/
	Copy of phone bill showing you contacted the merchant to cancel.
c	Service Dispute - Please describe the nature of your dispute and your attempts at resolution on a <u>separate sheet of paper and attach to this form</u> . Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.  Other - Please enclose a <u>DETAILED</u> description on a <u>SEPARATE SHEET</u> and <u>attach</u> it to this form.

Please complete this form and return it with all supporting documentation to the Card Services Department. <a href="mailto:cardservices@championsfirst.org">cardservices@championsfirst.org</a>