

Notification of Disputed Transaction
Merchandise/Services Not Received

Cardholder Name: _____

Card Number:

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1. Transaction Information

Transaction Date **Merchant Name** **Dollar Amount**

____/____/____ _____ _____

What was purchased? Merchandise Services

Describe the Merchandise/Services purchased:

2. Dispute Reason/Elaboration

Date of expected receipt of the Merchandise/Service: ____/____/____

Was Merchant unwilling or unable to provide Merchandise/Service? Yes No

Was the Merchandise/Services canceled due to Non-Receipt? Yes No If yes, what date? ____/____/____

If a cancellation number was given, what was that number? _____

If no cancelation number given, did you ask for a cancellation number? Yes No

If Yes, what was the merchant's response?

3. Attempt To Resolve

Did you attempt to resolve with the merchant? Yes No

Date of most recent contact with merchant: ____/____/____

Contact Name: _____

How did you contact the merchant? Phone Email Letter In person

Please describe the attempt to resolve with the merchant:
