



Dispute Plastics Form

Account Number: _____

Card Number: _____

Type of card: _____

Type of dispute: _____

Name	Home Phone	Work Phone
Mailing Address	City	State, ZIP

List of Disputed Transactions

Merchant	Date	Amount	Merchant	Date	Amount

If there is fraudulent use, card MUST be cancelled!

Please provide documentation of cancellation, receipts of purchases or return receipts if you have returned merchandise. These are vital documents that will be needed to process the dispute.

Cardholder Letter: Please provide detail of what the dispute is for, including the attempt to resolve with the merchant. Please list any dates of cancellation as well as dates merchandise was returned.

Date

Signature

MSC: _____

Payment Solutions Use Only	
Date Received: _____	JV Date: _____
Card Captured: _____	Total Amt: _____
Cams: _____	Closed: _____