

Purchasing Card Transaction Dispute Form

To:	
Fax:	
Date:	
From:	
Case Number:	** In order to obtain the Case Number, please contact Wendover at 1-888-934-1087 before faxing this form **

If you believe a transaction on your statement is an error, please complete and sign a copy of this form, or write a detailed letter on a separate sheet attached to this form with any accompanying documentation. This form can also be mailed to: Commercial Card Services, Attn: Fraud Dept, P.O. Box 1049, Southeastern, PA 19398.

Cardholder Name:	
Full Account Number:	
Business Name:	
Work Phone Number:	
I am disputing the charge for:	
Merchant Name:	
Transaction Date	
Reference Number:	
Is the card in your possession?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you believe this transaction to be fraudulent: Yes No
 ** If "Yes", please contact the Fraud Department at 1-888-934-1087, option 3.

Dispute initiated for the following reason (Please select only one):

<input type="checkbox"/>	1. The amount of the charge was increased from \$ to \$ or my sales slip was added incorrectly. Enclosed is a copy of the sales draft that shows the correct amount
<input type="checkbox"/>	2. I certify that the charges listed above were not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or a person authorized by me.
<input type="checkbox"/>	3. I do not recognize the charges listed above and would like to receive more information from the merchant concerning the details of the charges or I need a copy of the sales draft(s) for my records. I understand that if, upon review of the merchant's information, it is determined that the charges are valid, my account will be charged a \$7.50 Receipt Copy Fee per sales draft received. (This fee will not be charged if any charges are determined to be invalid.)
<input type="checkbox"/>	4. I have not received the merchandise that was supposed to be shipped to me on / / . I have contacted the merchant to credit my account, but this has not happened.

<input type="checkbox"/>	5. The attached credit slip was listed as a charge on my statement. Please include credit slip.
<input type="checkbox"/>	6. I was issued a credit from a merchant that was not shown on my statement. A copy of my credit slip is enclosed.
<input type="checkbox"/>	7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the merchant and requested a credit adjustment. I either did not receive this credit or it was unsatisfactory. I am disputing the charge because _____.
<input type="checkbox"/>	8. I certify that the charge in question was a single transaction, but was posted twice to my statement. I did have all cards in my possession at the time. I did not authorize the second transaction of \$ _____.
<input type="checkbox"/>	9. I notified the merchant to cancel this pre-authorized order on ____ / ____ / _____. The cancellation number provided to me is _____.
<input type="checkbox"/>	10. Merchandise that was shipped to me has arrived damaged and/or defective. I returned it on ____ / ____ / _____ and asked the merchant to credit my account. I have enclosed a copy of the return receipt.
<input type="checkbox"/>	11. Although I did engage in a transaction at the merchant, I was billed for \$ _____ that I did not engage in, nor did anyone else authorized to use my card. I did have all cards in my possession at the time of the transactions in question. Enclosed is a copy of my sales slip for the valid charge.
<input type="checkbox"/>	12. Other. Please explain:

Signature (Required): _____	Date: _____
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