



Report Card Dispute

An attempt to reconcile with the merchant is required before filling out this form.

Date	Daytime Phone Number	
Cardholder Name	Account Number	Last Four of Card Number
Merchant Name		
Transaction Date	Total Transaction Amount	Disputed Amount (if partial)
Transaction Date	Total Transaction Amount	Disputed Amount (if partial)
Transaction Date	Total Transaction Amount	Disputed Amount (if partial)

Use the Additional Comments section on page 2 to list more transactions **from the same merchant** if needed

▶ An attempt to resolve with the merchant is required by Visa before filling out this form ◀

Date of Contact: _____ Representative Name: _____

Merchant's Response: _____

Confirmation Number (if available): _____

Please select **one** dispute reason and complete **all** related fields:

Merchandise or Services Not Received

Description of Merchandise/Service: _____

Expected date and time: _____ at _____ AM PM

Cancelled before expected date? If yes, cancellation date: _____

Cancellation Reason: _____

Was the merchandise delivered late or to the wrong location?

If yes, address of agreed upon location or details of late delivery: _____

Merchandise Was Damaged or Defective

How was it damaged/defective? (Detailed Description): _____

Picture evidence encouraged but not required

Date Received: _____ Date Returned: _____

Return Method (USPS, UPS, FedEx, etc.): _____ Tracking Number: _____

Date Merchant Received: _____ • If no tracking, **must** attach copy of shipping receipt

If not returned: Date of attempted return: _____

Detailed description of attempted return: _____

Returned Merchandise

Description of Merchandise: _____ Reason for Return: _____

Date Received: _____ Date Returned: _____

Return Method (USPS, UPS, FedEx, etc.): _____ Tracking Number: _____

Date Merchant Received: _____ • If no tracking, **must** attach copy of shipping receipt



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Membership or Subscription Cancelled

Description of membership/subscription: _____
Cancellation Date: _____ Cancellation Reason: _____

Wrong Amount

Amount on receipt: _____ (Must attach copy of receipt) Amount billed: _____

Cancelled Reservation

Type of Reservation (Hotel, Flight, Vehicle, etc.): _____
Reservation Dates: _____ to _____ Cancellation Date: _____

Duplicate Charge

Description of what happened at the merchant location: _____

Paid by Other Means

Description of what happened at the merchant location: _____

Must attach evidence of paid by other means (receipt, statement from another card, etc.)

Merchandise Not as Described

Date Received: _____
Detailed description of what was ordered and not as described: _____

Was merchandise returned? If yes, date returned: _____
Return Method (USPS, UPS, FedEx, etc.): _____ Tracking Number: _____
Date Merchant Received: _____ • If no tracking, **must** attach copy of shipping receipt

Services Not as Described

Date Received: _____
Detailed description of what was ordered and not as described: _____

Were services cancelled? If yes, cancellation date: _____
Cancellation Reason: _____

Additional Comments: _____

Fax completed form to Card Operations at (978) 367-1105.

If additional assistance is needed, contact Card Operations at (770) 424-0060 Ext. 51610.

For Visa Benefits, please visit www.CardBenefitServices.com or call 1 (800) 848-1943