## CARDHOLDER DISPUTE FORM

Thank you for contacting us regarding a dispute on your Visa or MasterCard. Please use this form to explain the details of your dispute. You may place additional details on the second page.

Cardholder Name		Card number _		
Merchant Name		Amount	Transaction date	
Please thoroughly read this	s entire form, then	choose the ONE c	category that best describes your dispute:	
	or authorize this transed is in my possession of was lost or stolen	on	saction.	
I do not recognize th	is transaction.			
			ny statement. I contacted the merchant on	
			I have provided:	
The ca	s of both sides of a credit/debit card state	ement where the va	lid charge appears s form before we can assist with your dispute.)	
	o my account twice, credit cards are still	-	zed one purchase. The valid charge posted on	
0 1	•		rom the amount on my receipt. showing the difference.	
contacted the merch	ant and the response	was	d page of the form.)	ve
returned (or attempte	ed to return) the men	chandise on	ity, damaged, or unsuitable for the purpose intended I have contacted the merchant and their response	
(Please provide deta proof the goods were	ils of what was wro	ng with the mercha	andise on the second page of the form, and include	
I have returned merc	chandise to the merc	hant. A copy of m	y credit slip is enclosed.	
I have returned (or a			he merchant. I did not receive a credit slip because not (circle one) informed of the merchant's return	
	oonse to the return v	vas	·	
I cancelled the trans- merchant's cancellat	action with the mercion policy, I have co	chant on contacted the merch	. I <u>was/ was not</u> (circle one) informed of the ant and the response to the cancellation was	
(Please include any	contracts or correspo	ondence to and from	m the merchant,)	
I cancelled the hotel (If no cancellation n the merchant.)	reservation onumber was provided	. My cand, please provide a	cellation number is telephone statement showing the cancellation call t	ίΟ

NOTE: Please provide a detailed explanation of the above dispute.						
Cardholder Signature		Date				

Please return this form along with supporting documentation to:

Fax: 513-900-3543 or Mail: Vantiv Attn: Disputes Dept – GH2Y1 8500 Governors Hill Dr Cincinnati, OH 45249

For questions please call 800-808-6402