

## **DISPUTE FORM**

CARDHOLDER NAME and	CARDHOLDER PHONE NUMBER:
RETURN ADDRESS:	CARDHOLDER FAX NUMBER:
	CARDHOLDER ACCOUNT NUMBER:
	MERCHANT NAME:
	TRANSACTION DATE:
	TRANSACTION REFERENCE #:
To assist our investigation, please in please call our Dispute Representati	dicate below the reason for your dispute. If you have any questions, investions in the second s

I did not make nor authorize the above transaction. (Please indicate the whereabouts of your

I did not make nor authorize the above transaction. (Please indicate the whereabouts of you Commercial Card.)

There is a difference in the amount I authorized and the amount I was billed. (A copy of your charge must be enclosed.)

I only transacted one charge, and I was previously billed for this sales draft. Date of previous charge: \_\_\_\_\_

The above transaction is mine, but I am disputing the transaction. (Please state your reasons why in detail.)

Please send me a copy of the sales draft. (Your account will be charged \$5.00 for each copy supplied.)

I have received a credit voucher for the above transaction, but it has not yet appeared on my account. (A copy of the credit voucher must be enclosed.)

My account has been charged for the above transaction, but I have not received this merchandise. The date of expected delivery was: \_\_\_\_\_\_ The details of my attempt to resolve the dispute with the merchant and the merchant's response are indicated below.

My account has been charged for the above transaction, but the merchandise has since been returned. The details of my attempt to resolve the dispute with the merchant and the merchant's response are indicated below. (Please enclose a copy of your postal receipt.)

Other (Please explain):

 Cardholder Signature:
 Date:

 Image: Check here if signing on behalf of cardholder
 Date:

 Send completed form to:
 Or Fax to:
 (847) 497-8298

 Bank One Corporate Products-Disputes
 (847) 622-2495

 P.O. Box 2015-Department B3
 (847) 931-8861

 Elgin, IL 60121
 Elgin