

CUSTOMER STATEMENT OF DISPUTED ITEM (Do not Mail with your payment - Send in separate envelope.)

Print Form

If you have a transaction appearing on your statement that you are disputing, complete this form and return it to us at the address on your statement.

Account #

Reference #

Amount \$ Transaction Date

Description

Please check only one of the following boxes.

I have examined the charges to my account and dispute the following item(s).

The amount of sales draft was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly.

I certify that the charge(s) listed above was 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. (If you do not recognize a sale, please choose this option.)

I have not received the merchandise which was to have been shipped to me. I have contacted the merchant and requested that my account be credited but have been unable to get a satisfactory response.

The attached credit slip was listed as a sale on my account.

I was issued a credit slip which was not posted on my statement. A copy of my credit slip is also enclosed.

Although I did engage in the above transaction, I dispute the entire charge or 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 _____

I certify that the charge in question as a single transaction, but was posted twice to my statement. I did not authorize the second transaction.

I notified the merchant on _____ to cancel the pre-authorized order (reservation). Please note cancellation # if applicable.

Although I did engage in a transaction at the merchant, I was billed for _____ transactions totalling \$ _____ that I did not engage in, nor did anyone else authorized to use my card. I do have all cards in my possession.

Merchandise which was shipped to me has arrived damaged and/or defective. I have returned it and request that my account be credited.

Name

Signature _____

Date

Complete This Form and Return It To Austin Telco at (512) 206-3553 - fax