



CARDHOLDER STATEMENT OF DISPUTE FOR VISA® CHECK CARD/BUSINESS CHECK CARD

PO Box 3503 • Merrifield VA • 22119-3503

We must receive this completed form (front and back) within 10 business days of your oral notification or the provisional credit(s) will be reversed from your Sharechek account.

PART I - You must complete each item in this section in order for your claim to be processed.

CARDHOLDER NAME	CARDHOLDER ADDRESS (STREET	CITY	STATE	ZIP CODE)
CHECK CARD NUMBER	CHECKING ACCOUNT NUMBER	ACCESS NUMBER		
BEST TIME TO BE REACHED	TELEPHONE NUMBER (H) ()	TELEPHONE NUMBER (W) ()	EXTENSION NO.	

I have verified the charges made to my account and I dispute the following item(s):

MERCHANT NAME:	DATE CONTACTED MERCHANT
POSTING DATE (MO., DAY, YR.) - -	DOLLAR AMOUNT \$
PLEASE PROVIDE DETAILS ON REVERSE	
MERCHANT NAME:	DATE CONTACTED MERCHANT
POSTING DATE (MO., DAY, YR.) - -	DOLLAR AMOUNT \$
PLEASE PROVIDE DETAILS ON REVERSE	

PART II - Please check and complete the category which BEST describes the disputed transaction.

- I am not disputing this charge. I would only like a copy of the sales draft. **(If the charge is older than 90 days, a copy can only be requested for legal or tax purposes.)**
- The charge was paid by check or cash but also appeared on my statement. **(Enclose a copy of your sales slip and/or copy of front and back of cancelled check. A copy of the alternate payment method is required.)**
- The amount I charged differs from the amount on my receipt. **(Enclose a copy of your sales voucher or rental agreement. Rental agreements are subject to final audit by the merchant. A copy of your receipt is required.)**
- I received a credit on the above transaction and it has not appeared on my statement. **(Please ensure that 30 days have passed from the date of the credit slip prior to submitting a dispute. A copy of the credit slip is required.)**
- I did authorize the transaction but attempted to cancel with the merchant. **(Please provide a copy of the contract, the date on which you cancelled with the merchant, and the cancellation number. If a cancellation letter was mailed to the merchant and sent by certified mail, please provide a copy of this documentation.)**
- Only one transaction was authorized. Charge is a duplicate of the sale that was charged to my account on _____.
- I did authorize the transaction, however I have not received the merchandise or services and 30 days have passed from the expected date of delivery. **(You must contact the merchant and advise that the merchandise has not been received or the services have not been rendered by the expected date. Please explain in detail in the space allotted below in Part IV of this form of what the merchant's response was and the details surrounding your dispute. Also, ensure that you supply the expected date of services and/or receipt of merchandise.)**
- I did authorize the transaction but the merchandise or services received were defective or not as described (according to the written or verbal description). I have returned the merchandise for a credit. **(Please explain in detail in the space allotted below in Part IV of this form of what the merchant's response was and the details surrounding your dispute. Also, supply proof of return and any documentation you have to support your claim.)**

PLEASE NOTE: FAILURE TO PROVIDE ALL REQUESTED DOCUMENTATION COULD AFFECT THE OUTCOME OF YOUR CLAIM.

PART III - The signature of the cardholder MUST be in this section with the appropriate date for your request to be processed.

SIGNATURE	DATE (MO., DAY, YR.) - -
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(SECTION ON THE REVERSE MUST ALSO BE COMPLETED.)

