



Dear Cardholder,

This form has been provided for your convenience. If you believe that a transaction on your statement is in error you can use this form to contact us. You must notify us within 90 days from the statement billing date of the disputed charge. Any notification received after this time frame may result in our inability to assist you with your dispute. **Please be advised that MasterCard & Visa require that cardholders attempt to resolve the dispute with the merchant before initiating dispute.**

Please complete and mail this form to:

Email: CCSColumbusDisputes@chase.com

Or mail to: Commercial Card Disputes Chase, OH1-0553, PO BOX 182918, Columbus, OH 43272-5543

Name: _____

Account #: _____

Merchant Name: _____

Transaction Date: _____

Posting Date: _____

Reference #: _____

Transaction Amount: \$_____

Please Circle one of the following choices applicable to your dispute. Include all necessary information and or documentation.

1. I do not recognize the above-mentioned charge. I have attempted to contact the merchant to obtain further information.
2. I have been billed more than once by the same merchant. I authorized only one charge with this merchant.
My card was in my possession at the time of the transaction.

Valid Charge \$_____ Reference #_____

Transaction Date _____

Invalid Charge \$_____ Reference #_____

Transaction Date _____

3. I canceled: Service / Airline Ticket / Hotel Reservation on _____ (date) cancellation #_____

4. I have not received the merchandise that was to be shipped to me on _____ (date). I have requested credit.
5. Merchandise that was shipped to me arrived damaged or not as described. I returned it on _____ (date) and asked the merchant to credit my account. I am providing a copy of my returned mail receipt.
6. Merchant was to issue credit for merchandise I returned to the store. I have enclosed a copy of my credit receipt.
7. I have been charged for a purchase that was paid for by other means. I am providing a copy of the documentation showing the other method of payment.
8. I have been billed for an incorrect amount. My receipt shows \$_____, however, I was billed \$_____. I am providing a copy of my receipt showing the correct amount.
9. I did not authorize the above-mentioned charge. I have attempted to contact the merchant to resolve dispute.
10. Other: I am attaching detailed information that describes the dispute.

Signature _____

Date _____

Work Phone _____

Email _____