



## CARDHOLDER AFFIDAVIT

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Card Number: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

I understand that knowingly making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment. \_\_\_\_\_ **(Initials Required)**

### DISPUTED TRANSACTIONS

**Please list all disputed transactions**

Merchant Name \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Merchant Name \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Merchant Name \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

### CLAIM INFORMATION

Please check the appropriate box below that matches your dispute type the closest. Please answer all appropriate questions related to your dispute, if a question is marked with an asterisk it is required.

#### FRAUD

I did not authorize/participate this transaction – I certify that I did not authorize or participate in this transaction with the above-mentioned merchant(s), nor did I authorize anyone else to use my card.

**Were you in possession of the card at the time of the transaction?**  Yes  No

If your card was lost/stolen, please answer the following two questions

1. When did you notice your card was lost/stolen? \_\_\_\_\_
2. When did you report your card lost/stolen? \_\_\_\_\_

**What was your last authorized transaction? (Include Name of merchant, date and amount)**

\_\_\_\_\_

In your own words, explain what happened

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DISPUTE

### Cancellation Dispute

- Were you advised of any cancellation policy? \*  Yes  No
- Date of cancellation \*? \_\_\_\_\_ Representation Name \*: \_\_\_\_\_  
Method of contact \*:  Phone  Email  Fax Cancellation Number \*: \_\_\_\_\_  
Reason for cancellation: \_\_\_\_\_
  - You **MUST** provide proof of return (i.e. tracking number, receipt)

### Merchandise/Service Dispute

- **Merchandise was returned**
  - When was the item returned? \_\_\_\_\_
  - Reason for Return \_\_\_\_\_
  - Date of the return \_\_\_\_\_
  - You **MUST** provide proof of return (i.e. tracking number, receipt)
- **Quality of merchandise/service**
  - Describe what was received versus what was ordered  
\_\_\_\_\_  
\_\_\_\_\_
  - Did you return the item?  Yes  No
    - If returned, when \_\_\_\_\_ (date)
  - Did you contact the merchant?  Yes  No
    - What was the merchant's response?  
\_\_\_\_\_  
\_\_\_\_\_
  - You **MUST** provide proof of return (i.e. tracking number, receipt)
- **Merchandise/service not received**
  - Expected date of delivery \_\_\_\_\_
  - Describe the item/service that was expected  
\_\_\_\_\_  
\_\_\_\_\_
  - Did you contact the merchant?  Yes  No
    - What was the merchant's response?  
\_\_\_\_\_  
\_\_\_\_\_

### Billing Errors

- I was billed twice for a single purchase
  - First Charge \_\_\_\_\_ Post date \_\_\_\_\_
  - Second Charge \_\_\_\_\_ Post date \_\_\_\_\_
- I paid by other means  Cash  Same card Number  Different card number
- I was overcharged for purchase
  - You **MUST** provide proof of paid by other means (i.e. cash receipt, billing statement)