

## CARDHOLDER DISPUTE FORM

This form has been provided for your convenience. If you believe that a transaction on your account is in error, you can use this form to dispute the transaction in question. **Please be advised that MasterCard requires that attempts be made to resolve your dispute with the merchant before notifying us.**

**So that we may serve you better, please let us know immediately, that you are planning to dispute a transaction by identifying the transaction online. This can be done using the cardholder website on the back of your card.**

Please attach all supporting documents mentioned in this form. Remember to sign and date this form to avoid delay.

**In order to process your dispute, regulations require that you notify us in writing within 60 days from the statement date of the disputed charge.** Any response received outside this time frame will not be processed.

**Please send a copy of these completed forms and any supporting documents to: Mail: Card Services, ATTN: Dispute Dept., 6220 Stoneridge Mall Road, Pleasanton, CA 94588; Email: [Bhn.disputes@bhnetwork.com](mailto:Bhn.disputes@bhnetwork.com) or Fax to 623-336-6699**

**Most cases are resolved within 30-60 days, however the overall process may take up to 90 days.**

**PLEASE DO NOT ALTER THE WORDING ON THIS FORM.**

**Personal Information: (Please fill this section out completely. Failure to do so will result in a delay of your claim resolution.)**

Your Name: \_\_\_\_\_

Account Number: \_\_\_\_ - \_\_\_\_ X X - X X X X - \_\_\_\_  
(16 Digit Card Number - for security reasons, do not provide your full card number)

Telephone: \_\_\_\_\_

Tracking Number or Card Proxy: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province/Territory: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_

**Transaction Information (please refer to your statement for assistance). If additional space is needed, please attach a separate page with additional disputed transactions.**

#	Transaction Date	Amount (\$)	Merchant Name
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Select Type of Dispute (Check only one)**

**Unauthorized charge** - I certify that I did not authorize or participate in this transaction with the abovementioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen immediately.

**Do not recognize** – Please attempt to contact the merchant prior to disputing the charge. Merchants often provide telephone numbers next to their name on your statement.

**Charged twice for the same transaction** – I certify that the charge in question was a single transaction, but was charged twice to my account. I did not authorize the second transaction.

Sale # 1 (Valid Transaction) \$ \_\_\_\_\_ Date: \_\_\_\_\_ Reference #: \_\_\_\_\_  
 Sale # 2 (Invalid Transaction) \$ \_\_\_\_\_ Date: \_\_\_\_\_ Reference #: \_\_\_\_\_

**Cancellation (hotel, goods, services ...)** – Please enclose a copy of **letter, email, or fax** informing the merchant of the cancellation.

Date of cancellation: \_\_\_\_\_ Cancellation #: \_\_\_\_\_  
 Reason for cancellation: \_\_\_\_\_

**Merchandise was returned** - Please attach a signed copy of proof of return.

Reason for returning: \_\_\_\_\_  
 Date of Return: \_\_\_\_\_ Amount of Return: \$ \_\_\_\_\_  
 If you are unable to return the merchandise, please explain:  
 \_\_\_\_\_

**Merchandise not received** - Please notify the merchant of non-receipt.

I have not received merchandise that was to be shipped or picked up on (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 I have asked the merchant to credit my account No \_\_\_\_ Yes \_\_\_\_  
 If Yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Merchandise shipped was either damaged or defective** - You **must** explain in detail how the merchandise was damaged or defective, provide proof, and attempt to return the merchandise prior to exercising this right.

I have asked the merchant for a credit to my account No \_\_\_\_ Yes \_\_\_\_  
 If Yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Overcharged for a transaction** - Please include a copy of the signed sales receipt.

The amount was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

**Credit posted as a sale** - Please attach a copy of the credit slip and the original sales slip.

**No show hotel charge** – Please describe in writing what occurred. Provide information or documentation showing the reservation was cancelled.

**Transaction did not complete** – Please describe in writing what occurred.

- I have asked the merchant to credit my account No \_\_\_\_ Yes \_\_\_\_
- If Yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_
- If no, explain why? \_\_\_\_\_

**Credit not posted to account** - Please enclose a copy of the credit slip or notice of credit from the merchant and a detailed explanation of your dispute. The merchant has 30 days to credit your account.

**Transaction paid by other means** - You **must** provide proof of paid by other means, such as a copy of the cancelled check/cheque (front and back), a cash receipt, or a statement from another credit / debit card account.



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INCENTIVES



**Service Dispute** - Please describe the nature of your dispute and your attempts at resolution on a **separate sheet of paper and attach to this form**. Include copies of second opinions from a certified professional, repair bills, contracts or other supporting documentation.

**Other** - Please enclose a **DETAILED** description on a **SEPARATE SHEET** and attach it to this form.

**SIGNATURE REQUIRED** \_\_\_\_\_

**DATE** \_\_\_\_\_

*Please keep the original for your records*

Please allow Blackhawk Network Hawk Incentives sufficient time for research and processing.

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