

## 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 VISA 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 - _____ <small>(16 Digit Card Number - for security reasons, do not provide your full card number)</small>
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.

**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 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.

**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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