

13.8 - OCT Not Received

Amount: Dispute Full Amount Dispute Partial Amount

Acceptance Amount: \$ _____

Financial Processed Date: * _____ (mm/dd/yyyy)

Why are you not accepting full responsibility? _____

Response Reason: Proof of Manual Imprint

Comment: _____

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Services or merchandise were provided prior to cancellation date

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Disputed amount is due to value added tax

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Returned merchandise is being held in a custom agency outside merchant's country

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Merchant properly disclosed a limited return or cancellation policy at the time of transaction

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Cardholder received merchant cancellation or return policy and did not cancel according to policy

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Dispute is for the quality

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Cardholder did not attempt to return merchandise

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Not listed above

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Documentation to prove that the cardholder is in possession of and/or using the merchandise

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Signed Delivery Form

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment:

Compelling Evidence Type: Delivery to cardholder at place of employment

Merchant Contact Information

Name:

Address:

City:

State:

Zip Code:

Country:

Phone:

Best Time to Call:

Email:

Fax:

URL:

Note:

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: T&E Loyalty transactions related to purchase

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment:

Compelling Evidence Type: T&E Subsequent purchases made through service period

Merchant Contact Information

Name:

Address:

City:

State:

Zip Code:

Country:

Phone:

Best Time to Call:

Email:

Fax:

URL:

Note:

Prearbitration Reason: Compelling Evidence

Comment:

Compelling Evidence Type: Passenger transport proof ticket was received

Merchant Contact Information

Name:

Address:

City:

State:

Zip Code:

Country:

Phone:

Best Time to Call:

Email:

Fax:

URL:

Note:

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Digital goods download with time and date

Download Description: * _____

Download Date and Time: * _____

Please select at least two of the following checkboxes:

Purchaser's IP address

IP Address: _____

Geographical Location: _____

Device ID and Name

Device ID: _____

Device Name: _____

Purchaser's Name and Email

Purchaser's Name: _____

Purchaser's Email: _____

Purchaser profile verification

Description: _____

Device and card used in undisputed transaction

ARN: * _____

Transaction Amount: * \$ _____

Transaction Date: * _____ (mm/dd/yyyy)

Merchant Contact Information

Name: _____

Address: _____

City: _____

Merchant Contact Information (Continued)

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: AVS or Y or M and proof of delivery

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Tracking Number: * _____

Shipping Company: DHL FedEx UPS Postal Service Other

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

Merchant Contact Information (Continued)

URL:

Note:

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Authorized signer known by the cardholder

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____