

Cardholder Dispute Form

Kinecta Credit Card # _____ Cardholder Name _____

Cardholder Phone # _____ Disputed Amount \$ _____ Post Date _____

Merchant Name _____ Disputing more than one item? Yes _____ No _____

(As found on the statement)

If yes, then this is number _____ of _____ (e.g. 1 of 3) **ONLY ONE TRANSACTION PER FORM**

Email Address _____

SIGNATURE REQUIRED _____

BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT

Select Type of Dispute (Check ONLY one)

- Did not recognize** - Please attempt to contact the merchant prior to disputing the charge.
 - When did the Cardholder contact the Merchant (mm/dd/yy) _____ / _____ / _____
 - What was the outcome of the merchant contact? _____

- I was billed twice for a single purchase** - Cardholder certifies one transaction is valid, but it posted more than once. **All cards issued to me are in my possession.**
 - Valid Transaction \$ _____ Post Date _____
 - Invalid Transaction \$ _____ Post Date _____

- Membership Cancellation** - Please enclose copy of **letter, email, or fax** informing the merchant of cancellation.
 - When did the cardholder contact the merchant? _____
 - Reason for cancellation? _____

 - Date of cancellation _____ Cancellation # _____
 - Were you advised of a cancellation policy? Yes _____ No _____
If yes, what were you told? _____

- Merchandise was returned** - You **must** attempt to return the merchandise prior to exercising the right. **Please attach signed proof of return or credit slip.**
 - What was ordered? _____
 - What was received? _____
 - Reason for returning _____
 - Was merchandise suitable for the purpose intended? _____
 - Merchant's response _____



- I did not receive the merchandise** - Please contact the merchant and notify us of the outcome.
 - When did the cardholder contact the merchant? _____
 - What was the outcome of the merchant contact? _____
 - _____
 - What was the expected delivery date? ____ / ____ / ____ Pickup date? ____ / ____ / ____
 - Did the Cardholder cancel with the merchant? No ___ Yes ___
If yes, when? _____ How? _____
 - What was the merchandise that was ordered? _____

- I was overcharged for the purchase** - Please include a copy of the signed sales receipt.

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

- The credit did not post to my account** - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

- I paid by other means** - You **must** provide proof of payment by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.
 - When did the cardholder contact the merchant? _____
 - What was the outcome of the merchant contact? _____
 - _____

- I was charged for a hotel room, which I cancelled** - Cancellation number is **required**.
 - Were you advised of a cancellation policy? No ___ Yes ___
 - If Yes, what was the policy? _____
 - Cancellation number _____ **(REQUIRED)** Cancel date _____
 - Copy of phone bill showing you contacted the merchant to cancel.

- Service Dispute** - Please describe the nature of your dispute and your attempt(s) at resolution on a **separate sheet of paper and attach to this form**. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.

- I did not authorize this charge** - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen. If you have not, please call 877.881.6023 before sending in this form.
 - If this was for a hotel room, did you request a reservation? No ___ Yes ___
If Yes, this is **not** an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons above.

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

DISPUTES - FAX # 812.428.3543 PHONE # 888.829.6434

