



MasterCard Dispute Forms

Defective or Not as Described

Date: ____ / ____ / ____

Customer Name: _____

Re: Credit Card account number ending in _____ [Last4]

I wish to confirm the details of the disputed transaction on my President's Choice Financial® MasterCard® account with the merchant named below:

Disputed transaction(s):

Transaction Amount	Merchant Name	Transaction Date
_____	_____	____ / ____ / ____

Although I engaged in the transaction with the merchant, attempts to resolve directly with the merchant have proven unsuccessful.

Defective / Not As Described

Please complete the following:

The transaction was:

- Face to Face with the Merchant
- Not face to face with the Merchant

1. Details of the attempt(s) to resolve the issue with the merchant.

2. Details about the return of (or attempt to return) the merchandise (such as date, location, whether the merchant accepted the return).

3. Details about whether the merchandise was damaged upon delivery or not suitable for the purpose for which it was intended or why the merchandise (or service) is not as described, defective, or incompatible. (Please specify in detail what was expected, what was received and merchant's failure to provide what was expected, and supply supporting documentation)

Corroborating documentation to support the dispute **must** be provided, such as itemized invoice, detailed sales slip. For disputes that deal with quality or misrepresentation of goods, specific documentation from an expert that supports the dispute about the level of quality or misrepresentation described on the original receipt, invoice, work order, brochure, or appraisal **must** be provided with this form.

I hereby acknowledge the above information to be true and understand that if proven otherwise, the provisional dispute credit processed to my account will be redebited.

____ / ____ / ____

Date

Cardholder Signature