



MasterCard Dispute Forms

Inaccurate Hotel Charges

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.

Please complete the following:

Provide details concerning the contact or attempts to contact the merchant (Including date of contact and merchant's response)

Dispute Information

Check the applicable reason code in the boxes below:

Addendum Dispute (subsequent charges to previous billing)

Provide specific details concerning the disputed services.

Guaranteed No-Show Reservations Disputes (Please indicate the appropriate No-Show reason below)

- Cancelled reservation and have cancellation number (Was a cancellation number provided? If so, provide number): _____
- Cancelled reservation and have no cancellation number (or was not provided with one): _____
- Accommodations were used (include proof of accommodation used): _____
- Merchant provided alternate accommodations (include proof of accommodation used): _____
- No-Show charge differs from rate quoted (Provide Rate Quoted): _____
- Was not advised of no-show fee at time of reservation: _____

Provide details concerning the no-show dispute: _____

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 re-debited.

____ / ____ / ____

Date

Cardholder Signature