



MasterCard Dispute Forms

Merchandise Never Arrived

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, neither I, nor anyone authorized by me, received the goods or services that were to be provided.

Non-Receipt of Merchandise

Please complete the following information which provides additional details for the dispute:

1. Describe the item or items not received.

2. What was the expected delivery date of the item or items?

3. If delivery of the goods or services was cancelled, indicate the cancellation date:

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