

Cardholder Information

Account Number: 4587236908230087

Name: Michal Brown

Transaction Information

Acquirer's Reference Number: 23678000042456295430000000324 Date: 12/10/2020

Transaction Amount: 5600 USD Disputed Amount: 5600 USD

Merchant Name: Qmedics Pharmacy

Date Disputed: 02/02/2021

Reason Code 83 Fraud – Card – Absent Environment

- 1) Did the cardmember give the merchant authorization to bill this credit card number for this transaction? **No**

Merchant/Acquirer Please Note:

The dispute information provided above came through ABZY bank secured email environment from the customer and was forwarded to the ABZY bank dispute area from our customer service unit.

Fraud Dispute Questionnaire

Visa Resolve Online
VROL Case Number 2195087492
Member Case Number: D-7362389976

Transaction Information

Card/Acct #:	4587236908230087	Tran Type:	Sale	Issuer:	ABZY Bank, N.A - VISA
Network:	Credit, VISA	Tran Date:	12/10/2020	CH Name:	
Tran ID:	436791123450946	Processing Date:	12/10/2020	Acquirer:	WEFA Bank, National Association
ARN:	23678000042456295430000000324	Tran Amount:	5600 USD	Merchant:	Qmedics Pharmacy
Retrieval Ref#:	1334735790643	Jurisdiction:	Domestic-US	Location:	California, US

Dispute Information

Dispute Amount #: 5600 USD
Dispute Category/Condition: 83 Fraud – Card Absent Environment
Financial Processing Date: 02/02/2021

Certification/Elaboration

Certification that the cardholder denies authorizing or participating in the disputed transaction

Fraud Report

Fraud Type: 83 – Card Absent Environment

Comments and Documents

Comments:
Documents:

Issuer Contact Information

Name:
Phone:
Email:

Cardholder Contact Information

Name Type:
Prefix:
First Name:
Middle Name:

Last Name:
Suffix:
Phone:
Business Phone:
Cell Phone:
Fax:
Email:
Address:

City:
State/Region:
Postal Code:
Country: US
Region:
Best Time to Call:
Does the cardholder give permission to release this information No
to the Merchant:

By completing this form, you agree that the information captured is correct to the best of your knowledge. Any available documentation which supports this dispute should be attached.

Closure Report Type :S

Data Missing/Stolen :

Security Closure Date :20211224

Stolen Card info :

Stolen Explanation :NA

Card Type :

Reported to Police : No

Any Addl Closure Info Provided:NA

Police Report Case Number :

Police Report City :

Police Report Precinct :

Police Report Phone Number :

Police Report Detective Name :

Arrest Made? :N

Suspect cited? :

Suspect First Name :

Suspect Last Name :

Suspect Address Street :

Suspect Address City :

Suspect Address State :

Suspect Address Zip Code :

Suspect Reason :

Suspect Phone :

Suspect Relationship :

Account provisioned to a mobile contactless device :

Multiple Accounts Provisioned :

Unauthorized provisioning :

Phone lost or stolen :

Name of user whose phone lost or stolen :

Phone number of the lost/stolen/missing mobile device :

Fraud Transaction/Authorization Details

Acct #	Sale Date	Merchant name/City/State	Amount	MCC	POS Mode Indicator	MCCText	Point of Sale	Person Code	Original Account Number	SEID/Stable Hardware ID
4587236908230087	20201210	Qmedics Pharmacy	5600	1098	01	DENTAL/MEDICAL	Card		4587236908230087	