



# Corporate Credit Card Dispute Form

Please complete, print, and sign this form if you are disputing a charge from a merchant which posted to your corporate credit card. Your completed form must be sent to Financial Services within 7 days of your closing bill cycle, accompanied with all supporting documentation. Be sure to provide all supporting documentation with your response as this will enable us to begin pursuing credit from the card company. Reference policy: MGMT-FIN1030-105.7.3

## **Section A - General Information**

Please provide all of the following pieces of information and sign the form where indicated:

Account Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Employee ID# : \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Please sign before mailing or faxing the completed form to us) ( mm / dd / yyyy )

## **Section B - Transaction Information**

Please provide all of the following pieces of information regarding the transaction being disputed:

Transaction Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Amount of Charge: \_\_\_\_\_

Merchant Name: \_\_\_\_\_

## **Section C - Dispute Type**

Read each of the following descriptions carefully and check the one box (1-11) that most appropriately fits your particular dispute:

1 ☐ I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.

2 ☐ I have been billed more than once for the same transaction (same amount and same date). I authorized only one charge with this merchant for the amount of \_\_\_\_\_ on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

3 ☐ I authorized only one charge from the merchant for the amount of \_\_\_\_\_. The date of this valid transaction was \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. I did not authorize the additional charge from this same merchant in the amount of \_\_\_\_\_ which posted on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. My card was in my possession at all times.

4 ☐ My account has been charged for the transaction listed above, but I have not received the merchandise or service. I expected to receive \_\_\_\_\_ from the merchant on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. I contacted the merchant on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, and their response was \_\_\_\_\_. The matter was not resolved.

5 ☐ I have received a credit voucher for the listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed. (If store credit, send copy of sales slip and credit slip. Specify reason(s) for not using store credit.) \_\_\_\_\_

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6 ☐ I have been billed the wrong amount. Enclosed is a copy of my sales draft showing the amount for which I signed. My credit card receipt shows \_\_\_\_\_. However, I was billed \_\_\_\_\_.

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7 ☐ I have been billed for this transaction; however, the merchant was unable to provide the services. (Please provide reason for the merchant's inability to provide service. Also enclose any documentation that may support your claim.) \_\_\_\_\_

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8 ☐ My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.

9 ☐ The item purchased does not conform to what was agreed upon with the merchant. I attempted to return the merchandise on \_\_\_\_/\_\_\_\_/\_\_\_\_. (Please specify what goods, services, or things of value were expected versus received. Enclose any documentation (i.e. PO) which supports your claim. If you have returned merchandise to the merchant, please provide us with proof of return, such as return receipt, or provide us with the tracking number. If you were unable to return please explain why): \_\_\_\_\_

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10 ☐ **If none of the above reasons apply:** Please print this form and provide a complete description of the problem by detailing your attempted resolution with the merchant and outstanding issues. Also enclose any documentation that may support your claim.

Please return your completed form and supporting documentation to Financial Services via Email:

**accounts@eliteparkingsoa.com**

**Corporate Office:**  
ATTN: Financial Services  
76 S. Laura St. Suite 202  
Jacksonville, FL 32202  
(904) 297-4437