# **Fraud Dispute Questionnaire**

Visa Resolve Online VROL Case Number 2195087492

Member Case Number: D-7362389976

Processing Date: 2/2/2021

Transaction	

Card/Acct #: 4587236908230087 Tran Type: Sale Issuer: ABZY Bank, N.A - VISA

Network/Card: Credit, VISA Tran Date: 12/10/2021

Tran ID: 436791123450946 Tran Amount: 5600 USD Acquirer: WEFA Bank, National

ARN: 2367800004245629543000000324 Jurisdiction: Domestic-US Association
Retrieval Ref#: 1334735790643 Merchant: Qmed Phare

Retrieval Ref#: 1334735790643 Merchant: Qmed Pharmacy

Address: 27 Rider Lane, Mill Valley,

CA, 94941 United States

Location: California, US

#### **Dispute Information**

Dispute Amount #: 5600 USD

Dispute Category/Condition: 83 Fraud – Card Absent Environment

Dispute Date: 12/10/2021

#### 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: Region:	US
Best Time to Call:	
Does the cardholder give permission to release this information to the Merchant:  Closure Report Type :S	No
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 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/St able Hardwa re ID
4587236908230087	20211210	Qmed Pharmacy	5600	1098	01	DENTAL/MEDICAL	Card		4587236908230087	

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.