Fraud Dispute Questionnaire

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

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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

ARN: 2367800004245629543000000324 Tran Amount: 5600 USD Association

Retrieval Ref#: 1334735790643 Jurisdiction: Domestic-US 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

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: Closure Report Type :S			
Data Missing/Stolen:			
Security Closure Date:			
20211224			
Stolen Card info:			
Stolen Explanation: NA			
Card Type:			
Reported to Police: No			
Any Additional Closure Info			
Provided: Police Report Case			
Number:			
Police Report City:			
Police Report Precinct:			
Police Report Phone Number:			
Police Report Detective Name :			
Arrest Made? :N			
Suspect cited? : Y			
Suspect Name : Mike White			
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 :	
By completing this form, you agree that the information captured is correct to the best of your knowleds	ge. Any available documentation w

hich supports this dispute should be attached.