



ISK BUSINESS
TECHNOLOGY LLC

2942 AVE R, Brooklyn Ny 11229

Toll Free: (866)546 7183

One Time Credit Card RETRIEVAL Payment Form

I _____ would like to authorise and put an end to the dispute (Chargeback) no _____ amounting to \$ _____. I _____ after having the discussion with the Dispute resolution department I have understood the plan details and the benefits I can avail therefore I would like to end the Chargeback.

Please complete the information below:

I _____ (Full Name) authorise **ISK BUSINESS TECHNOLOGY LLC** to file an end to the chargeback with my complete authorisation order indicated below for _____ (Amount) on or after _____ (Date). This payment is for _____ (Description of goods / service).

Billing Information:

Billing Address:

City :

State : **Phone:**

Email : **Zip :**

Account Information:

Account Type: ☐ Visa ☐ Master Card ☐ AMEX ☐ Discover

Cardholder name:

Card Number:

Expiration Date:

SIGNATURE _____ DATE _____