

Visa Chargeback & Copy Request

☐ 1st Chargeback request

☐ Copy request

Today's Date: _____ R&T: _____ Logo: _____

Card Issuing Institution Name: _____

Primary Account Number: _____

Transaction Date: _____ Settlement Date: _____ Sequence #: _____

Merchant Name: _____

Merchant Address: _____

Merchant Category Code: _____ Transaction Amount: _____

Visa Reason Code: _____ Adjustment Amount: _____

Documentation Required: ☐ Yes ☐ No

Message Text: _____

Comments: _____

Contact Name: _____ Contact Phone: _____

Note: Please submit (if applicable), CD10, IE56, Cardholder letter and supporting documentation. Failure to send required documentation may result in the return of you request.

Fax Chargeback and Copy Request form and attachments to fax 973-359-0194.