

# Chargeback & Copy Request

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☐ Issuer Dispute

☐ Cardholder Dispute

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: \_\_\_\_\_ Adjustment Amount: \_\_\_\_\_

Documentation: (check all that apply)

Note: Failure to send required documentation may result in the return of your request.

☐ Cardholder Letter and/or ☐ Issue Letter

**AND**

☐ IE56 ☐ CD10/CD50 ☐ IC10 ☐ Other

Description of dispute: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

***For Card Services Use Only:***

RC: \_\_\_\_\_ MSG TXT: \_\_\_\_\_