



CARDHOLDER DISPUTE FORM

This form has been provided for your convenience. If you believe that a transaction on your account is in error you can use this form to dispute the transaction in question. **Please be advised that Mastercard® requires that attempts be made to resolve your dispute with the merchant before notifying us.**

So that we may serve you better, please let us know immediately, that you are planning to dispute a transaction by identifying the transaction online. This can be done using the cardholder website on the back of your card.

Your card must be registered in order to file a dispute. Accounts can be registered using the cardholder website printed on the back of your card. In case you are experiencing an issue registering your card online please call the customer service number listed on the back of your card or the number on the website for your virtual account.

In order to process your dispute, regulations require that you notify us in writing within 60 days from the date of the disputed transaction(s). Any response received after this time frame will not be processed.

Please complete and mail, email or fax a **copy** of this form along with any supporting documentation to:

Mailing Address:

ATTN: Cardholder Dispute Services
10615 Professional Circle Ste. 102
Reno, NV 89521

Fax Number:

(623) 399-1301

Email:

dispute.support@bhnetwork.com

PLEASE DO NOT ALTER THE WORDING ON THIS FORM

PERSONAL INFORMATION (Please fill this section out completely. Failure to do so will result in a delay of your claim resolution.)

Your Name: _____ Proxy Number: _____

(19 digit number above barcode)

If no 19-digit Proxy number is available, please provide the last **4 digits** of the 16-digit card number:

Case#: _____

Case# only required if you have already been provided one

Telephone Number: _____

Best time to call: _____

Address Line 1: _____

Address Line 2: _____ City: _____ Province/Territory: _____ Postal Code: _____

Email Address: _____

Transaction Information (please refer to your statement for assistance)

Posting Date: _____

Transaction Amount \$: _____ Disputed Amount \$: _____

Merchant Name: _____

Disputing more than one item? Yes ___ No ___

If yes, enter the number of items disputed: ___ (e.g. 3)

Select the dispute reason below for the transaction listed above and complete additional transactions on the last page.



Type of Dispute (Select one)

- Charged twice for the same transaction** – I certify that the charge in question was a single transaction, but was charged twice to my account. I did not authorize the second transaction.
 - Sale # 1 (Valid Transaction) \$ _____
 - Sale # 2 (Valid Transaction) \$ _____

- Cancellation (hotel, good, services ...)** – Please enclose copy of letter, email, or fax informing the merchant of cancellation.
 - Date of cancellation _____ Cancellation # _____
 - Reason for cancellation _____

- Merchandise was returned** – Please attach signed copy of proof of return.
 - Reason for returning _____
 - If you are unable to return the merchandise, please explain

- Merchandise not received** – Please notify the merchant of non-receipt.
 - I have not received merchandise that was to be shipped or picked up on (mm/dd/yy) ____/____/____
 - I have asked the merchant to credit my account No ____ Yes ____
 - If Yes, when? ____/____/____

- Merchandise shipped was either damaged or defective** – You must explain in detail how the merchandise was damaged or defective, provide proof and attempt to return the merchandise prior to exercising this right.
 - I have asked the merchant to credit my account No ____ Yes ____
 - If Yes, when? ____/____/____

- Overcharged for a transaction** – Please include a copy of the signed sales receipt.
 - The amount was increased from \$ _____ to \$ _____

- Credit posted as a sale** – Please attach a copy of the credit slip and the original sales slip.

- No show hotel charge** – Please describe in writing what occurred. Provide information or documentation showing the reservation was cancelled.

- Transaction did not complete** – Please describe in writing what occurred.
 - I have asked the merchant to credit my account No ____ Yes ____
 - If Yes, when? ____/____/____
 - If no, explain why? _____

Credit not posted to account – Please enclose a copy of the credit slip or notice of credit from the merchant and a detailed explanation of your dispute. The merchant has 30 days to credit your account.

