



Citibank® Commercial Cards Cardholder Dispute Form

NAME _____ DATE: _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY, STATE, POSTAL CODE _____ ACCOUNT NUMBER: _____

Cardholder: Please provide a copy of any information / forms requested below along with the statement where the disputed charge appears and send via fax or mail to:

FAX TO: 605-357-2019

OR

MAIL TO: Citibank® Commercial Cards
701 E. 60th St. N Mail Code 3270
P.O. BOX 6125
Sioux Falls, S.D. 57117

This form must be filled out completely and forwarded to the Program Administrator and Citibank within 60 days of the disputed charges' posting date so that we may investigate.

Program Administrator: This is to notify you of an error on my billing statement:

Transaction Date: _____ Dollar Amount of Charge: \$ _____

Merchant: _____

Cardholder Signature: _____

Please read carefully each of the following descriptions and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 1-800-248-4553 (overseas call collect, 904-954-7850). We will be more than happy to advise you in this matter.

• **UNAUTHORIZED TRANSACTION**

I have not authorized this charge to my account.

• **DUPLICATE PROCESSING—THE DATE OF THE FIRST TRANSACTION WAS _____.**

The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.

• **MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$ _____.**

(Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)

My account has been charged for the above transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved.

• **MERCHANDISE RETURNED IN THE AMOUNT OF \$ _____.**

(Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)

My account has been charged for the above listed transaction, but the merchandise has since been returned.

****Enclosed is a copy of my postal or UPS receipt.****

• **CREDIT NOT RECEIVED**

I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. **A copy of the credit voucher is enclosed.**

• **DIFFERENCE IN AMOUNT**

The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed. The difference of amount is \$ _____.

• **COPY REQUEST**

I recognize this charge, but need a copy of the sales draft for my records.

• **SERVICES NOT RECEIVED: Please enclose a separate statement with the date of the merchant contact and response.**

I have been billed for this transaction; however, the merchant was unable to provide the services.

Paid for by another means. My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. **Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.**

• **NOT AS DESCRIBED**

The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must specify what goods, services, or things of value were received. The cardholder must have attempted to return the merchandise and state so in his/her complaint.)

• **If none of the above reasons apply:**

Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper and sign and date your description statement.

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