

CREDIT CARD BILLING DISPUTE STATEMENT

CARDHOLDER INFORMATION

Cardholder Name:

Account Number:

Email Address:

Phone Number:

DISPUTED TRANSACTION DETAILS

Transaction Date	Merchant Name	Transaction Amount	Disputed Amount	Reference / Invoice #

REASON FOR DISPUTE

I have not authorized or participated in this transaction. The card was in my possession at the time of the charge.

The transaction amount is incorrect. I was charged _____ instead of the agreed amount of _____.
(Copy of receipt attached)

I have been billed multiple times for a single transaction. Original transaction date: _____

I did not receive the merchandise or services. Expected delivery date: _____

The merchandise received was damaged, defective, or not as described.

I have cancelled this subscription/reservation on _____ but charges continue to appear.

Other (please explain):

DECLARATION & SIGNATURE

I hereby certify that the information provided in this dispute statement is true, accurate, and complete to the best of

my knowledge. I authorize the card issuer to investigate this matter and share this information with the merchant involved in the disputed transaction if necessary.

Cardholder Signature:

Date: