CUSTOMER INVOICE DISPUTE RESOLUTION STATEMENT

Official Record of Disputed Charges & Resolution Processing

Dispute Reference ID		**Date Filed**	

1. CUSTOMER INFORMATION

Customer Name			
Account Number		**Contact Phone**	
Email Address			

2. DISPUTED INVOICE DETAILS

Invoice Number		**Invoice Date**	
Original Invoice Total		**Disputed Amount**	

3. PRIMARY REASON FOR DISPUTE

- ☐ Pricing/Rate Discrepancy
- ☐ Services/Goods Not Received
- ☐ Duplicate Billing
- ☐ Damaged or Defective Items
- ☐ Incorrect Taxes or Fees Applied
- ☐ Other (Specify in Section 4)

4. DETAILED DESCRIPTION OF DISPUTE

5. PROPOSED RESOLUTION & CORRECTIVE ACTION

6. RESOLUTION OUTCOME (INTERNAL OFFICE USE ONLY)

Approved Resolution			
Adjusted Invoice Total		**Credit Memo Number**	

Customer Signature / Date

Authorized Company Representative Signature / Date

This document serves as formal confirmation of the dispute resolution process. Both parties agree that the signatures above signify acceptance of the finalized adjustment terms detailed in Section 6.