

# Dispute Form

Please complete, print, and sign this form if you are disputing a charge which posted to your charge card. You can also save the completed form to your computer as a record of your dispute. Your completed form (sections A-C) must be either mailed or faxed to us within 60 calendar days of the mailing date of your billing statement. Be sure to provide all supporting documentation with your response as this will enable us to begin pursuing credit from the merchant more quickly.

## Section A - General Information

**Please provide all of the following pieces of information and sign the form where indicated:**

Account Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section B – Transaction Information

**Please provide all of the following pieces of information regarding the transaction being disputed:**

Transaction Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Charge: \_\_\_\_\_

Reference Number: \_\_\_\_\_

## Section C – Dispute Type

**Read each of the following descriptions carefully and circle the number (1-9) that most appropriately fits your particular dispute:**

**1** I have not authorized this charge to my account.

**2** I have been billed more than once for the same transaction (same amount and same date). I authorized only one charge with this merchant for the amount of \_\_\_\_\_ on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_.

**3** I authorized only one charge for the amount of \_\_\_\_\_. The date of this valid transaction was \_\_\_\_/\_\_\_\_/\_\_\_\_. I did not authorize the additional charge from this same merchant in the amount of \_\_\_\_\_ which posted on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_. My card was in my possession at all times.

**4** My account has been charged for the transaction listed above, but I have not received the merchandise or service.

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

**6** I have been billed the wrong amount. Enclosed is a copy of my sales draft showing the amount for which I signed. My charge card receipt shows \_\_\_\_\_; however, I was billed \_\_\_\_\_.

**7** I recognize this charge, but need a copy of the sales draft for my records. I understand that I will be charged **\$5.00** for each sales draft.

**8** 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 charge card statement, or applicable documentation demonstrating that payment was made by other means.

**9 If none of the above reasons apply:** Please print this form and provide a complete description of the problem by detailing your attempted resolution with the merchant and outstanding issues. Also enclose any documentation that may support your claim. Please return your completed form and supporting documentation to us by mail or fax:

**United Refining Company**

**P.O. Box 599**

**Warren, PA 16365**

**Fax Number:** (814) 726-7610