



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, or through our fax number: (623) 336-6699.

In order to process your dispute, regulations require that you notify us in writing within 60 days from the statement date of the disputed charge. 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
6220 Stoneridge Mall Road.
Pleasanton, CA 94588

Email:

bhn.disputes@bhnetwork.com

Fax Number:

(623) 336-6699

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: _____

Ticket INC#: _____

Telephone Number: _____

Best time to call: _____

Address Line 1: _____

Address Line 2: _____ City: _____ State: _____ Zip Code: _____

Email Address (optional): _____



(back of card)

Transaction Information (please refer to your statement for assistance)

Transaction Date: _____ Posting Date: _____

Amount \$: _____ Disputed Amount \$: _____

Merchant Name: _____ Reference Number: _____

Disputing more than one item? Yes ___ No ___

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

Enter the **first** item below and additional items on the table on the last page.



Select Type of Dispute

- Do not recognize** – Please attempt to contact the merchant prior to disputing the charge. Merchants often provide telephone numbers next to their name on your statement.
- When did you contact the Merchant? (mm/dd/yy) ____/____/____
- 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) \$ _____ Reference #: _____
 - Sale # 2 (Invalid Transaction) \$ _____ Reference #: _____
- 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.
- Transaction paid by other means** - You **must** provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a statement from another credit/debit card account.

