

Creighton

UNIVERSITY

Credit Card Program Statement of Disputed Item

Instructions: Your company should first make good-faith efforts to settle a claim or dispute for purchases directly with the merchant. If assistance from First National Bank is required, please complete this form, and mail or fax with required enclosures within 45 days from the billing close date to:

Creighton University
Purchasing Dept
Phone: (402) 280-2712
Fax: (402) 280-2398

Account Number: _____
Cardholder Name: _____

This charge appeared on my statement, billing close date: _____
Transaction Date: _____ Reference Number: _____
Merchant Name/Locations: _____
Posted Amount: _____ Disputed Amount: _____

Please check only ONE of the following:

Unauthorized Transaction

I did not authorize, nor did I authorize anyone else to engage in this transaction. No goods or services represented by the above charge were received by me or anyone I authorized. My VISA card was in my possession at the time of the transaction.

Charge amount does not agree with order authorizing the charge

The amount entered on the sales slip was changed from _____ to _____. I have enclosed a copy of the unaltered sales slip.

Merchandise or Services Not Received

I have not received the merchandise or services represented by the above transaction. The expected date of delivery or services was _____. (On your business letterhead, please describe your attempt to resolve this matter with the merchant, the date(s) you contacted them and their response.)

Disputed Transaction

I did engage in the above transaction which I am now disputing. I have contacted the merchant, but I have been unable to return the merchandise and/or I have been unsuccessful in reaching an acceptable resolution with them. (On your business letterhead, please describe your attempt to resolve this matter with the merchant, the date(s) you contacted them and their response.)

Defective or Wrong Merchandise

I returned the merchandise on _____ (date) because it was: (*check one*)
 Defective Wrong Size Wrong Color Wrong Quantity

Recurring Charges After Cancellation

On _____ (date), I notified the above merchant to cancel our monthly/yearly agreement. Since then, my VISA Account has been charged _____ time(s). (Please enclose a copy of the merchant's response to confirmation of your cancellation.)

Items Charged Already Paid by Other Means

I already paid for the goods and/or services represented by the above charge by means other than my VISA Purchasing card. (We must have a copy of the front and back on the canceled check, money order, cash receipt, credit card statement, or other documentation as proof of purchase/payment. On your business letterhead, please describe your efforts to resolve this matter directly with the merchant, the date(s) you contacted them, and their response.)

Credit Appears as a Charge

The enclosed Credit Voucher appeared as a charge on my VISA Purchasing card account.

Credit from Merchant not Received

I did not receive the credit for the enclosed Credit Voucher within 45 calendar days from the date it was issued to me by the merchant shown above.

Hotel Reservation Cancelled

I did make a reservation with the above hotel which I then canceled on _____ (date) at _____ (time). At that time, I asked for a cancellation number which is _____.

I was not given a cancellation number.

I was not told at the time that I made the reservation that my account would be charged for a "No Show."

Double or Multiple Charges

My VISA Purchasing card account has been doubled charged. The first charge appeared on my _____ (date) billing statement.

Cardholder Name (printed)

Cardholder Signature

Date

Phone Number