

You may file this claim with a Chargeback specialist by calling 1-888-297-0768

Non Travel Related Disputes

Date _____

Cardholder Information Account Number _____ - _____ - _____ Phone(____) ____-_____
Name(s) _____ Fax # (____) ____-_____
Transaction Information Merchant Name _____ Phone # (if known) (____) ____-_____
Merchant Location (if available) _____
23 Digit Reference # _____

Transaction Date ___/___/___ Transaction Amount \$ _____ **Disputed Amount \$** _____

I am initiating this dispute on behalf of the customer

Name _____ Relationship to cardholder _____

Signature: _____

PLEASE CHECK THE APPROPRIATE DISPUTE AND COMPLETE THE CORRESPONDING INFORMATION

The charge is mine, however I need a copy

I don't recognize this sale

I never authorized this transaction

*** Cardholder Signature required (unless this form is generated from the cardholder's email address):*

I participated in only one transaction, the second one is unauthorized

*** Cardholder Signature required (unless this form is generated from the cardholder's email address):*

I paid for this transaction by other means

*** Must provide copy of the front & back of canceled check, other credit card statement showing the second charge, cash receipt, etc. as supporting documentation*

I was billed a different amount than my receipt shows

*** Must provide a copy of the receipt showing the amount that should be billed*

For the following inquires, please answer the questions below

➤ **An attempt to resolve this dispute with the merchant must be made. Please describe your attempt(s):** _____

➤ **On what date(s) did you contact the merchant to resolve this concern?** ___/___/___ - ___/___/___

I was billed for merchandise, service, or cash I haven't received

➤ Describe the item(s) not received, including dollar amount of each item _____

➤ Date merchandise/services were to be provided ___/___/___

➤ Ship To address (if different) _____

*** If the transaction was made face-to-face, proof must be supplied showing merchandise was to be shipped*

I am disputing the Quality of Merchandise /Services received

➤ List item(s) defective/not as ordered, including dollar amount of each item _____

➤ Describe why item(s) defective/ not as described, or incompatible:

*** Must supply proof of what was ordered versus what was received, if made over the phone, written correspondence will be sufficient*

➤ Date merchandise was returned, or attempted to return. ___/___/___ **Must attach proof of return, if applicable*

I am disputing a card-activated call

- Please describe your reason for dispute, including dollar amount you're disputing

I am being billed for a service I canceled

- On what date did you contact the merchant to cancel the transaction: ____ / ____ / ____
- If you canceled over the phone, do you recall whom you spoke to? ____ If yes, their name: _____
- ** If a recurring transaction, only the transaction(s) after the cancellation date may be disputed*

I returned the merchandise and have not received credit

- Reason for return: _____
- Date of return or credit voucher date ____/____/____
- ** Must provide proof of return or copy of credit receipt, if applicable*
- If your merchandise was accepted for return, did you receive an in-store credit slip? ____ .
- ** If in-store credit voucher was received, original must be sent via certified mail to JP Morgan*
- Does the merchant display a policy for returns? _____ If so, please describe that policy: _____
- _____
- If the merchandise was shipped/mailed back to merchant, to what address was it sent to?
- _____
- Is there a postal/UPS receipt? ____ *** If yes, must provide copy as supporting documentation*

Please include additional comments that are pertinent to your dispute: _____

*** Supporting documentation may be faxed to 1(888) 297-0785 / (847) 488-7985 or*

Mailed to **JP Morgan**
PO Box 2015
Elgin, IL 60121-2015
Attn: Dispute Department

JP Morgan USE ONLY **Circle applicable reason code** 32 41 53 55 56 57 60 59 (RS1 RS2 RS3 RS4 RS5)

“I certify that the facts were obtained from my discussion with the cardholder and are accurate to the best of my knowledge”

Chargeback representative

Date

Recap of representatives attempt to resolve dispute with merchant directly: _____

Check applicable regulation for appropriate timeframes and member message fields

Call Taken By/Ext. _____/_____ Date: _____

Supervisor _____

Best Time to call _____ Number we may reach customer back at _____

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Name(s) _____ Fax # (____) ____-_____
Transaction Information Merchant Name _____ Phone # (if known) (____) ____-_____
Merchant Location (if available) _____
23 Digit Reference # _____
Transaction Date _____ Transaction Amount \$ _____ **Disputed Amount \$** _____
____/____/____

I am initiating this dispute on behalf of the customer

Name _____ Relationship to cardholder _____

Signature: _____

PLEASE CHECK THE APPROPRIATE DISPUTE AND COMPLETE THE CORRESPONDING INFORMATION

- The charge is mine, however I need a copy**
- I don't recognize this sale**
- I never authorized this transaction**

*** Cardholder Signature required (unless this form is generated from the cardholder's email address):*

- I paid for this transaction by other means**

*** Must provide copy of the front & back of canceled check, other credit card statement showing the second charge, cash receipt, etc. as supporting documentation*

- I was billed a different amount than my receipt shows.**

➤ If transaction involves lodging or car rental, please indicate which portion of the charge you are disputing and the reason why _____

*** Must provide a copy of the receipt showing the amount that should be billed*

For the following inquires, please answer the questions below

- **An attempt to resolve this dispute with the merchant must be made: Please describe your attempts:**

- **On what date(s) did you contact the merchant to resolve this concern?** ____/____/____ - ____/____/____

- I canceled my hotel stay and have been charged a No Show fee**

➤ Date of cancellation: ____/____/____

➤ Time of cancellation: _____

➤ Cancellation number provided: _____

➤ I am unable to provide a cancellation number, please provide details of call: _____

*** If unable to provide cancellation number, must supply a copy of the phone bill reflecting the call to the merchant*

➤ Person I spoke with: _____

- I was billed for a No Show charge and accommodations were used.**

➤ Please indicate disputed amount _____

➤ The 23 digit reference # of the valid charge is: _____

*** If another method of payment was used, a copy of the front & back of canceled check, other credit card statement showing the second charge, cash receipt, etc. as supporting documentation*

I received alternate accommodations and was billed in error.
➤ The 23 digit reference # of the valid charge is: _____
➤ Reason for alternate accommodation (e.g., room was not available and the hotel made arrangements at another hotel) _____

I was charged a No Show rate different than I was quoted. Please provide details _____

I was not advised that a No Show fee would be charged. Please provide details _____

I did not request a guaranteed reservation. Please provide details: _____

The airline went bankrupt & services were not rendered
➤ Name of airline _____ and when was the expected date of flight: ___/___/___
➤ Indicate the disposition of the tickets? _____
*** Must provide proof of return,, if they were returned*
➤ Note: *If tickets are still in your possession*, return them via **certified/registered mail to:**

**JP Morgan
PO BOX 2015
Ill – 6225
Elgin, IL 60121-2015
Attn: Dispute Dept**

Please include additional comments that are pertinent to your dispute: _____

*** Supporting documentation may be faxed to 1(888) 297-0785 / (847) 488-7985 or*
Mailed to **JP Morgan
PO Box 2015
Elgin, IL 60121-2015
Attn: Dispute Department**

| | |
|---|--|
| JP Morgan USE ONLY Circle applicable reason code 32 41 53 55 56 57 60 59 (RS1 RS2 RS3 RS4 RS5) | |
| “I certify that the facts were obtained from my discussion with the cardholder and are accurate to the best of my knowledge” | |
| Chargeback representative _____ | Date _____ |
| Recap of representatives attempt to resolve dispute with merchant directly: _____ | |
| <i>Check applicable regulation for appropriate timeframes and member message fields</i> | |
| Call Taken By/Ext. _____ / _____ | Date: _____ |
| Supervisor _____ | |
| Best Time to call _____ | Number we may reach customer back at _____ |