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**Transaction Research Dispute Form**

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| Today’s Date: |  | Requested By: | |  | | | |
| Company Name: |  | Account number: |  | | | | |
| vehicle Card number(s) : | - | Merchant: | | |  | | |
| Transaction Date(s): |  | Transaction Amount: | | $ | | Amount of Dispute: | $ |
| company Fax Number: |  | E-mail Address: | |  | | | |

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| **\*\*REQUIRED\*\***  The merchant(s) was contacted on:  *\* Note: Details of the attempts to resolve with the merchant must be noted under the “additional detail” section.* | | | | |
| **Should this form not be signed, the issuer certifies the relationship between themselves and the cardholder that this form is a true, accurate and complete (unedited) message the issuer received from the cardholder. Please allow 60 days for the processing of this request and understand that you are responsible for payment of total balance due until resolution has been communicated.** | | | | |
| Signature: | | |  | |
| **If the reason for your dispute is listed on Page 1, please fax/email to:**  **(866) 561-7656** OR [**disputes@fleetservicesonline.com**](mailto:disputes@fleetservicesonline.com)  **Incomplete Forms May Be Delayed Or Not Processed.** | | | | |
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| **Select the Following Option(s) That Best Describes the situation:** | | | | |
|  | | The merchant charged a different amount than agreed.  The amount authorized by the cardholder was: $     . The amount charged by the merchant is: $      .  When the merchant was contacted, did they refuse to:  Adjust the Price;  Repair or Replace the Goods (or other things or value);  Issue a Credit  *\*Note: If none of the above is applicable, describe the merchant’s response in the “additional detail” section below.* | | |
|  | | The goods or services did not conform to the merchant’s description for the transaction (i.e. different quantity, quality, etc). When the merchant was contacted, did they refuse to:  Adjust the Price;  Repair or Replace the Goods (or other things or value);  Issue a Credit  *\*Note: If none of the above is applicable, describe the merchant’s response in “additional detail” section below.* | | |
|  | | Only one sale was authorized for $       *(Please select one of the following)*  This transaction is a duplicate for the same amount charged on:      ***(OR)***  An additional charge of $      was processed without authorization.  All cards are in the possession of the authorized cardholder. | | |
|  | | A restricted product purchase at this merchant.  *\*Note: proof must be submitted, i.e. a ticket or invoice copy.* | | |
|  | | On:       the merchant agreed to refund: $       *\* Note: proof must be submitted, i.e. a copy of a receipt showing intended refund*. | | |
|  | | Payment was made to the merchant by other means. When the merchant was contacted, did they refuse to:  Adjust the Price or  Issue a Credit  *\* Note: proof must be submitted, i.e. if paid by check, provide a copy of the canceled check front & back.* | | |
|  | | Other – Please provide your reason for dispute in the area provided below for additional detail. | | |
| **provide additional detail in the area below** | | | | |
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**Transaction Research Dispute Form**

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**If the reason for your dispute is listed on Page 2, please fax/email to:**

**(207) 791-1655**

OR

[**disputes@fleetfraudservices.com**](mailto:disputes@fleetfraudservices.com)

***While the claim is processed, please review the following recommendations:***

* *Your company is obligated to keep the account current. If the account is due any credit, it will be granted at*

*the resolution of the claim.*

* *We recommend your company file a police report and contact the stations immediately for possible video surveillance evidence as most stations keep surveillance tape for only a short period.*
* *Resolution to a claim may take, on average, 60-90 days to complete and resolution may be communicated to the company by letter or email.*
* *If additional information may be requested as needed, we will reach out to the company.*
* *If your account currently does not have Authorization Controls assigned to the cards, we strongly encourage*

*establishing these controls. If assistance is needed with adding these controls, please contact Customer Service directly.*

**Incomplete Forms May Be Delayed Or Not Processed.**

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|  | **Select the Following Option(s) That Best Describes the situation:** |
|  | The card(s) is in the possession of the company and did not conduct the suspicious transaction(s). |
|  | Please indicate if the card(s) is:  Lost  Stolen |
|  | The intentional improper use of card:  Former Employee  Current Employee  Unknown Party |
|  | Suspect a station employee and a company employee is perpetrating intentional misuse or abuse of card. |
|  | Suspect the station is conducting the sales without the card present. |
|  | Other (please explain): |

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| **provide additional detail in the area below** |
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