



1440 Rosecrans Ave.
 Manhattan Beach, CA 90266
 800.854.9846 • www.kinecta.org

CARDHOLDER DISPUTE FORM

KINECTA CREDIT CARD #		CARDHOLDER NAME	
CARDHOLDER PHONE #		DISPUTED AMOUNT \$	POST DATE
MERCHANT NAME			
DISPUTING MORE THAN ONE ITEM? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, THAN THIS IS NUMBER ____ OF ____ (e.g. 1 of 3) ONLY ONE TRANSACTION PER FORM	
EMAIL ADDRESS			

SIGNATURE REQUIRED _____

BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT

Select Type of Dispute (Check ONLY one)

- Did not recognize** - Please attempt to contact the merchant prior to disputing the charge.
 - When did the Cardholder contact the Merchant (mm/dd/yy) ____ / ____ / ____
 - What was the outcome of the merchant contact? _____

- I was billed twice for a single purchase** - Cardholder certifies one transaction is valid, but it posted more than once.
All cards issued to me are in my possession.
 - Valid Transaction \$ _____ Post Date _____
 - Invalid Transaction \$ _____ Post Date _____

- Membership Cancellation** - Please enclose copy of **letter, email, or fax** informing the merchant of cancellation.
 - When did the cardholder contact the merchant? _____
 - Reason for cancellation? _____
 - Date of cancellation Cancellation # _____
 - Were you advised of a cancellation policy? Yes No
 - If yes, what were you told? _____

- Merchandise was returned** - You **must** attempt to return the merchandise prior to exercising the right. **Please attach signed proof of return or credit slip.**
 - What was ordered? _____
 - What was received? _____
 - Reason for returning _____
 - Was merchandise suitable for the purpose intended? _____
 - Merchant's response _____



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- I did not receive the merchandise** - Please contact the merchant and notify us of the outcome.
 - When did the cardholder contact the merchant? _____
 - What was the outcome of the merchant contact? _____
 - What was the expected delivery date? ____ / ____ / ____ Pickup date? ____ / ____ / ____
 - What was the merchandise that was ordered? _____

- I was overcharged for the purchase** - Please include a copy of the signed sales receipt.

- My credit posted as a sale** - Please attach a copy of the credit slip and the original sales slip.

- The credit did not post to my account** - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

- I paid by other means** - You **must** provide proof of payment by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.
 - When did the cardholder contact the merchant? _____
 - What was the outcome of the merchant contact? _____

- I was charged for a hotel room, which I cancelled** - Cancellation number is **required**.
 - Were you advised of a cancellation policy? Yes No
 - If Yes, what was the policy? _____
 - Cancellation number _____ (REQUIRED) Cancel date ____ / ____ / ____
 - Copy of phone bill showing you contacted the merchant to cancel.

- Service Dispute** - Please describe the nature of your dispute and your attempt(s) at resolution on a **separate sheet of paper and attach to this form**. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.

- I did not authorize this charge** - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen. If you have not, please call 877.881.6023 before sending in this form.
 - If this was for a hotel room, did you request a reservation? No Yes
 - If Yes, this is not an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons above.

- Other** - Please enclose a **DETAILED** description on a **SEPARATE SHEET** and **attach** it to this form.

DISPUTES - FAX # 515.457.2074 PHONE # 800.268.1884 Ext: 2077