

## APPENDIX 4: VISA PURCHASING CARD BILLING INQUIRY FORM

Cardholder Name:

Account Number:

Agency and Division Name:

Business Phone:

### TRANSACTION INFORMATION

Merchant Name:

Amount of Dispute

Date of Transaction:

Reference Number of Transaction from Statement

### DISPUTE DETAILS

Please mark the appropriate dispute reason listed below and if indicated, provide the requested documentation.

- Need a copy of the transaction in order to submit payment.
- I do not recognize the above merchant. I am asking that the merchant provide me with more information to help identify whether or not the charge is valid. All valid cards issued to this account are in my possession.
- Although I did engage in the above transaction, I am disputing \$\_\_\_\_\_ of the above charge. I have contacted \_\_\_\_\_ (the merchant) and attempted to resolve the matter. I have provided the details in the "Additional Information" section below.
- Amount is to be billed to a different card number. card number: \_\_\_\_\_
- Incorrect Amount. *Must provide copy of receipt.* I was billed \$\_\_\_\_\_ but should have been billed \$\_\_\_\_\_.
- Duplicate Posting. The original transaction posted to my statement for \$\_\_\_\_\_ on \_\_\_\_\_ (date).
- I returned the merchandise to the merchant on \_\_\_\_\_ (date). The reason for return is detailed in the "Additional Information" section below. *Must provide proof of return.*
- I have a credit slip and the credit has not posted to my account. *Must provide copy of credit slip.*
- To best of my knowledge I, nor anyone authorized by me, received the goods or services represented by the charge. I also certify that I, nor anyone with my permission, engaged with the above merchant in any manner. I have not received the merchandise and it was to be delivered on \_\_\_\_\_ date.

*Must give dates when the merchant was contacted to check on the status of the order & their response below.*

- I cancelled a guaranteed late arrival hotel reservation on \_\_\_\_\_ (date) at \_\_\_\_\_ (time). Cancellation # is: \_\_\_\_\_
- Other. Details of the dispute have been provided below.

## **ADDITIONAL INFORMATION REGARDING THE DISPUTED CHARGE**

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**SEND THIS FORM TO:**

U.S. Bank Customer  
Service  
ATTN:

EMAIL:

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\_\_\_\_\_

Cardholder's Signature & Date

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Agency P-Card Administrator