



# Dispute Processing Form

Please return to: [support@comdata.com](mailto:support@comdata.com)

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Total Claim Amount: \$ \_\_\_\_\_

Last 4 Digits of Card #: \_\_\_\_\_ Card Token #: \_\_\_\_\_

\*Token # can be found in the Transaction Listing Report

Please identify transactions and attach supporting documentation. Refer to your billing statement for the following information:

Date	Amount	Merchant/Location	For internal use- Reference
<b>Total Claim Amount:</b>			

Please check each box that applied to your claim:

The card in question was lost/stolen

On what date was the card lost/stolen? \_\_\_\_\_

I did not participate in any transaction(s) on or after \_\_\_\_\_

Comments: \_\_\_\_\_

Were police notified: Yes  No  If yes, date notified \_\_\_\_\_

Please include a copy of police report (if applicable) and any other supporting documentation.

Briefly explain the circumstances surrounding the fraudulent use of the card.

\_\_\_\_\_

Do you have any knowledge of the person(s) who may have used your card? If yes, who?

\_\_\_\_\_  
\_\_\_\_\_

Neither I, Nor anyone associated with my company used the card for the transaction(s) listed on this dispute form or listed on the attached spreadsheet/billing statement (if applicable). Transactions must be clearly notated which are disputed.

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Selecting one or more of the above dispute reasons indicates fraud, and the card(s) in question will be permanently blocked.

- Requested card was never received.
- The amount of the transaction is different from the amount billed.
- My credit card statement shows \$ \_\_\_\_\_, however, the amount should be \$ \_\_\_\_\_
- I participated in at least one transaction with this merchant, but did not participate in the disputed transaction(s). The card(s) was in my possession at the time of the transaction(s).

\*\*\*The valid transaction is:                      Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

- Credit not processed. When was the credit to be issued? \_\_\_\_\_

\*\*\*Note: Must attach supporting documentation to substantiate claim that credit is due: credit slip, voucher, cancellation number, letter from merchant, etc.

Cancellation # (If applicable) \_\_\_\_\_

- The Cardholder was debited more than once for the same goods and services

\*Alternate means of payment details: \_\_\_\_\_

- The Cardholder was billed twice for the same transaction

\*Please include a copy of supporting documentation (i.e., MasterCard Purchases Billing Detail report)

- The transaction was billed for a higher amount than the receipt shows

\*Please include a copy of the receipt

✓ Please return this form along with supporting documentation using one of the methods listed at the top of this form.

✓ All claims are decisioned in accordance with the applicable terms and conditions. For more information, please refer to your terms and conditions.

IF YOU HAVE ANY QUESTIONS REGARDING HOW TO FILL OUT THIS FORM, PLEASE FEEL FREE TO CONTACT CUSTOMER SERVICE AT THE TOLL-FREE NUMBER ON THE BACK OF YOUR CARD.

Issuer's Certification:  
 \*\*\*\*\*We certify that this information was obtained via a secure email, and is being  
 disputed by the authorized user. \*\*\*\*\*

**\*\*CORPAY INTERNAL USE ONLY\*\***

**Instructions:**

1. Validate *Account Code* above.
2. Validate *Total Claim Amount* above.
3. Fill in additional information below.

GEAC Company Code: \_\_\_\_\_ Cross Reference: \_\_\_\_\_ 2in1 Fuelman card: \_\_\_\_\_

Connect Card:    Refund (*Paper Check*)    Chargeback to Card

**RESET**