



ONLINE DISPUTE SMART FORM USER GUIDE

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Table of Contents

Overview	5
Dispute Process	6
Search for a Filed Dispute.....	10
Appendix	12
Dispute Confirmation Email	12
Dispute Forms	13
Dispute Resolution Forms	17

Revision Table

Date	Version	Author	Notes
10/12/2017	Ver 1.6	Steven Harris	Added document to new Corporate Payments template
06/26/2020	Ver 1.7	Steven Harris	Added multiple updates to reflect new processes and information: <ul style="list-style-type: none">• Ability to search for disputes by dispute ID and Disputed status.• Documentation requirements for Paid by Another Means and Amount of Transaction Differs from Amount Billed.• Dispute Resolution Forms.

Overview

In an effort to streamline Mastercard disputes, Comdata has developed a new Online Dispute Smart Form within iConnectData (ICD).

The Online Dispute Smart Form is dynamic in the sense that it generates a unique form with required information based on your selected reason for dispute. These specific forms can help you and Comdata understand the necessary information needed to file your dispute. You can also download a PDF of the dispute after it is submitted for your records.

This document is intended to walk you through filing a dispute through ICD using each of the unique forms.

Note: If you are the company administrator, you may submit dispute forms through the secure ICD website on the cardholder's behalf without obtaining a signature. Doing so confirms that you have a relationship with the cardholder and that the transaction is being disputed by the authorized user. Submitting the dispute via a secure site satisfies the Mastercard signature requirements.

Please note it is important that you notify us about any transaction disputes within **60 days** of the suspicious charge.

The following verbiage regarding this rule is located on each form: "We certify that this information was obtained via a secure website, and is being disputed by the authorized user."

Dispute Process

Before you can process a dispute, you must run a Real Time Transaction History report in ICD to locate the appropriate transaction(s). To access this page: **Manage > Transactions > Real Time Transaction History**.

1. On the Transaction History page, enter the required information to run a report. Click **Submit** when ready.

Note: Only **Posted** transactions can be disputed. Select **Posted** from the **Transaction Status** field to narrow your search results.

2. Select the checkbox next to the transaction(s) you want to dispute. Then, click **Initiate Dispute**.

Note: You cannot dispute the same transaction more than once. If your dispute reason is “I did not authorize or participate in this/these transaction(s)” you can dispute multiple transactions for only one card.

Transaction History

Account Code: AB123
 Start Date: 01/23/2020 End Date: 06/23/2020
 Found 85 records matching query.

Return to Query Print **Initiate Dispute**

Select "Transaction Status" to View Transaction Detail.
 Transaction Dispute Process.
 1. Select the transactions that you want to dispute.
 2. Click "Initiate Dispute" button to select Dispute Reason.
 3. Click on "Dispute" button.
 Note: MasterCard Transactions that have already been disputed will have a hyperlink to access the dispute in the left column.

	Customer ID	Transaction Date/Time	Authorized Amount	Posted Date/Time	Posted Amount	Merchant Name	Transaction Status	Cardholder Name	Card Number
<input type="checkbox"/>	BOT12	03/16/2020 11:06:40	2.20	03/16/2020 11:06:40	2.20	Service Station	Posted	JANE DOE	556735XXXXX4948
<input type="checkbox"/>	BOT12	03/16/2020 11:08:29	2.20	03/16/2020 11:08:29	2.20	FUEL DISPENSER	Posted	JOHN SMITH	556735XXXXX4948
<input type="checkbox"/>	BOT12	03/16/2020 12:26:34	3.30	03/16/2020 12:26:34	3.30	Service Station	Posted	JOHN SMITH	556735XXXXX4948

3. Select one of the eight dispute reasons, then click **Dispute**.

Dispute Reasons
✕

Please select Dispute reason:

Please note that your account is not automatically credited for this dispute.
Please pay the full amount of all invoices.

- Duplicate
- Paid by another means (must provide proof)
- Did not receive services or merchandise
- I did not authorize or participate in this/these transaction(s)
(By selecting the above reason, your card will be blocked, as this would indicate fraudulent activity.)
- Amount of transaction differs from amount billed
- Goods or Services not as described (Quality)
- Credit not processed and I have credit receipt, voucher (proof)
- Other

Dispute
Cancel

4. Your contact information auto-populates at the top of each form. The remainder of the form is entirely customized to your selected dispute reason. Each required field (denoted by a red asterisk) must be completed.

Online Dispute

* indicates a required field

Account Code: AB123

Contact Name: JANE DOE
Company: BUSINESS INC

***Address:** ***Phone Number:**

***City:** **Fax:**

***State/Province:** **Email Address:**

***Zip/Postal Code:**

Card Number	Customer ID
5567358888888888	BOT12

For a list of each dispute reason and their descriptions, see the following pages. For image examples of each form, see the [Appendix](#).

Note: If documentation is needed to support your claim, it must be received by Comdata within ten days of the initiated dispute. Please print the form and mail or fax (615-376-8742) it along with any supporting documentation to the address at the bottom of the form or e-mail to support@comdata.com.

Dispute Reason	Description
Duplicate	Select this option if a duplicate transaction displays on the RTTH report. The transactions must be the same date, same amount, and from the same merchant. If the date, amount, and merchant name are different, the form automatically directs you to Paid By Another Means . The logic is, the disputed transaction was previously paid on the same card. The form requires you to identify the valid transaction and the duplicate transaction.
Paid by Another Means	Select this option if you paid by another means/alternate payment. The form requires you to enter the date, amount of alternate payment, and any number associated with the alternate payment (check number, card number, etc.). Documentation (copy of a cleared check, cash receipt, Bank Card Statement, etc.) is required to support your claim. Although not required, you may contact the merchant to determine why they would not issue a credit. If so, enter the contact date and reason.
Did Not Receive Services or Merchandise	Select this option if the item purchased was not received on the expected date. The form requires you to select if you participated in the transaction, describe the item purchased, and enter the date of expected delivery. Although not required, it's best practice to contact the merchant for resolution, and describe the results of that conversation on the form.
I Did Not Authorize or Participate in this/these Transaction(s)	Select this option if you noticed some fraudulent transactions in the RTTH report. Note: This is the only option that allows you to dispute multiple transactions for the same reason at the same time. If this is not applicable, please dispute each transaction individually. The form provides three options: <ol style="list-style-type: none"> 1. My card was lost/stolen at the time of the disputed transaction: Select this option to fill out additional information as to the circumstances surrounding the fraudulent card use, (date card went missing, start date of unauthorized transactions, if police were notified, etc.). This information will help Comdata better understand the situation, so appropriate action can be taken. 2. My card was in my possession at the time of the disputed transactions: Select this option if the card was in your possession at that time of the unauthorized transaction. This option can also be used if the card number was used fraudulently while the card was in your possession. 3. The card was misused by the employee assigned to the card: Select this option if an employee or authorized user caused the fraudulent transaction(s). Then, specify if the employee or authorized user was terminated and the date of termination.

Dispute Reason	Description
Amount of Transaction Differs from Amount Billed	Select this option if you noticed the amount of a transaction is not what you authorized. The form requires you to enter the correct amount. You must provide proof of the amount difference. Print the form and mail/fax it along with any supporting documentation to the Comdata address at the bottom of the form or e-mail to support@comdata.com .
Goods or Services not as Described (Quality)	Select this option if the quality of the purchased item is not as described on the invoice or at the time of the transaction, or if the merchandise was received damaged. Disputes regarding Terms and Conditions fall under this reason as well. The form requires you to specify if the cardholder participated in the transaction (Yes/No), if it was a face-to-face transaction, provide details on why the merchandise was not received as expected, any attempt made to resolve with the merchant, and any attempt made to return the items. An Expert Opinion (third-party opinion from an expert in the related field) supporting your claim may be required. For best practice, print the form and mail/fax it along with any supporting documentation to the Comdata address at the bottom of the form or e-mail to support@comdata.com .
Credit not Processed and I have Credit Receipt, Voucher (proof)	Select this option if you were supposed to receive a credit for the transaction and have proof that credit is due. The form requires you to enter the date the credit was issued, and the cancellation number (if applicable). Documentation (credit slip, voucher, cancellation number, etc.) is also required to support your claim. If you do not have supporting documentation, then select the dispute reason that best describes why you are due credit.
Other	Select this option if your dispute reason is not provided. The following message displays: <i>"If your dispute does not fall under any of these dispute reasons listed, please contact Customer Service, 800-741-4040 or email: support@comdata.com."</i>

- When finished, click **Submit** at the bottom of the page to generate a confirmation PDF. Save this document for your records. A confirmation email will also be sent to your ICD email address.

Transaction Online Dispute Processing Form

Dispute ID: 8888888X
Date: 05/16/2020

Account Code:	AB123	Customer ID:	BOT12
Contact Name:	JANE DOE	E-mail:	JANE.DOE@COMPANY.COM
Company:	BUSINESS INC 549	Phone Number:	617-000-0000
Address:	Any Street	Fax Number:	617-000-0000
City/ST/Zip:	Quincy / MA / 0000		

Card Number	Customer ID
XXXXXXXXXXXX8888	BOT12

Disputed Transaction Listing

Transaction Date	Posted Date	Transaction Number CB#	Posted Amount	Recon Amount	Approval Code	MCC	POS	ARD Merchant Name
05/07/2020 12:13:25	05/08/2020 06:38:57	327859 CB0508327859	800.00	800.00	918343	8641	81	55429508127894198299532 MISCELLANEOUS FOOD

Search for a Filed Dispute

ICD's Real-time Transaction History allows you to locate and review submitted transaction disputes.

1. On the Transaction History page, enter the required information to run a report. To search for disputed transactions, follow these tips:
 - a) To search for a specific dispute, select **Dispute ID** from the **Search By** radio buttons, then enter the corresponding dispute ID in the **Search Value** field.
 - b) To search for multiple dispute transactions across a date range, select **Disputed** from **Transaction Status**. Then, select your date range.

Note: Disputed transactions will also display on the transaction history report if **All** or **Posted** is selected from **Transaction Status**.

Transaction History

Account Code: - TEST

Customer ID: Hold the Ctrl Key for multiple selections.

Search By:
 Employee/Vehicle Number
 Card Number
 Card Token
 Last Name
 First Name
 Driver Id
 Dispute ID

Search Value:

Transaction Status:
 Authorized
 Posted
 Declined
 Credit
 Disputed
 Hold the Ctrl Key for multiple selections.

Sort By:
 Transaction Date
 Posted Date
 * Choose sort order.

Date Type:
 Transaction Date
 Posted Date

Start Date:

End Date:

* Date ranges are limited to 180 days.
* Earliest start date is 04/25/2019.

2. Click **Submit** to display the transaction history report in your browser. Click **Download** to save the transaction history report in Excel format.

Download View

	E	F	G	H	I	J	K	Y	AA	AI
1	Transaction Date	Transaction Time	Posted Date	Posted Time	Transaction Status	Card Number	Cardholder Name	Accept Location	Posted Amount	Dispute ID
2	02/20/2020	04:58:46	02/20/2020	05:25:19	Disputed	556735XXXXXX2548	AC342 AIRCRAFT JET	Shell Oil 57445630007 Bismarck ND	350.00	38486069I
3	03/09/2020	01:40:28	03/11/2020	08:43:41	Disputed	556735XXXXXX6016	225LP VEHICLE	Miscellaneous Food Sto Los Amigos MEX	9.74	69871729I
4	03/09/2020	01:40:28	03/11/2020	08:43:41	Disputed	556735XXXXXX6016	225LP VEHICLE	Miscellaneous Food Sto Los Amigos MEX	9.74	17881634I
5	03/09/2020	01:40:28	03/11/2020	08:43:41	Disputed	556735XXXXXX6016	225LP VEHICLE	Miscellaneous Food Sto Los Amigos MEX	9.74	56742522X
6	03/09/2020	01:52:00	03/11/2020	08:43:41	Disputed	556735XXXXXX6016	225LP VEHICLE	Miscellaneous Food Sto Los Amigos MEX	9.74	8125609I
7	03/09/2020	02:00:00	03/11/2020	08:43:41	Disputed	556766XXXXXX9359	TEST SUPER	Stationery Office Supp Chicago IL	198.75	67295354I
8	03/09/2020	02:33:53	03/11/2020	08:43:41	Disputed	556735XXXXXX3013	3013 VEHICLE	Pauls Amoco St Charles IL	100.00	311039PE
9	03/09/2020	05:47:38	03/11/2020	08:43:41	Disputed	556735XXXXXX6024	BENJI OLSON	TELis Through Use MfM New York NY	8.64	2654289X
10	03/09/2020	05:49:24	03/11/2020	08:43:41	Disputed	556735XXXXXX6016	225LP VEHICLE	Miscellaneous Food Sto Los Amigos MEX	9.74	69871729I
11	03/09/2020	05:49:24	03/11/2020	08:43:41	Disputed	556735XXXXXX6016	225LP VEHICLE	Miscellaneous Food Sto Los Amigos MEX	9.74	17881634I

- A dispute ID link displays in the left column for transactions disputed electronically. Also, the **Transaction Status** column will display **Disputed**. Click the disputed ID link to open a copy of the confirmation PDF.

Transaction History

Account Code: AB123
 Start Date: 01/23/2020 End Date: 06/23/2020
 Found 85 records matching query.

[Return to Query](#)
[Print](#)
[Initiate Dispute](#)

- Select "Transaction Status" to View Transaction Detail.
- Transaction Dispute Process.
 - Select the transactions that you want to dispute.
 - Click "Initiate Dispute" button to select Dispute Reason.
 - Click on "Dispute" button.

Note: MasterCard Transactions that have already been disputed will have a hyperlink to access the dispute in the left column.

Customer ID	Transaction Date/Time	Authorized Amount	Posted Date/Time	Posted Amount	Merchant Name	Transaction Status	Cardholder Name	Card Number
99999999I	BOT12 03/09/2020 01:40:28	15.43	03/11/2020 08:43:41	9.74	MISCELLANEOUS FOOD STO	Disputed	MARY JONES	556735XXXXX8888
55555555X	BOT12 03/09/2020 01:40:28	15.43	03/11/2020 08:43:41	9.74	MISCELLANEOUS FOOD STO	Disputed	MARY JONES	556735XXXXX8888
88888888I	BOT12 03/16/2020 12:26:34	3.30	03/16/2020 12:26:34	3.30	Service Station	Disputed	JOHN SMITH	556735XXXXX9999

- If you have not already, save this document for your records.

Transaction Online Dispute Processing Form

Dispute ID: 88888888X
Date: 05/16/2020

Account Code: AB123	Customer ID: BOT12	
Contact Name: JANE DOE	E-mail: JANE.DOE@COMPANY.COM	
Company: BUSINESS INC 549	Phone Number: 617-000-0000	
Address: Any Street	Fax Number: 617-000-0000	
City/ST/Zip: Quincy / MA / 0000		

Card Number XXXXXXXXXXXX8888	Customer ID BOT12
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Disputed Transaction Listing

Transaction Date	Posted Date	Transaction Number CB#	Posted Amount	Recon Amount	Approval Code	MCC	POS	ARD Merchant Name
05/07/2020 12:13:25	05/08/2020 06:38:57	327859 CB0508327859	800.00	800.00	918343	8641	81	55429508127894198299532 MISCELLANEOUS FOOD

Reason Code: I did not authorize or participate in this/these transaction(s)
 (By selecting this reason, your card will be blocked, as this would indicate fraudulent activity.)

My card was in my possession at the time of the dispute transaction(s):
 Neither I, nor anyone authorized by me, used this card for the disputed transactions listed on this form.

We certify that this information was obtained via a secure website, and is being disputed by the authorized user.

Appendix

Dispute Confirmation Email

You will receive a confirmation email for each dispute you submit. See below for an example. Confirmation emails contain a link to the PDF form and details on your dispute, such as the number of days to process and reconciliation information.

A MC Online Dispute has been entered for:

Card Token: 222T22A2G2

Card Number: XXXXXXXXXXXX8888

Please use the link provided to view the dispute detail.

<https://qaws.icconnectdata.com/forms/PDFServlet?type=disputeMC&seqId=89913355FE&userType=2>

- If all required information is received timely, you should expect a provisional credit on your account, within 30 days.

- There is a CB reference number assigned to each transaction in your dispute. (see dispute form in link above) You may use that CB ref# number, and/or "CB" plus the last 10 digits of the card number, for "dispute credit" reconciliation.

- If additional documentation is required to support your dispute, please write the MC Dispute Id number listed on the form, (also listed in the subject line of this email), on your documentation for proper matching.

Important: Incomplete information may cause a delay in processing your dispute.

Please note: This message does not have a valid reply address. Please do not attempt to reply.

To check the status of your dispute, please contact: support@comdata.com

Did not Receive Services or Merchandise

Reason for Dispute: Did not receive services or merchandise

* I/the cardholder participated in this transaction, but did not receive the Goods or Services.
 Yes No

* Describe the item not received:

* The last expected date of delivery was: (mm/dd/yyyy)

You may wish to contact the Merchant for a resolution prior to filing this dispute. If you have already done so, please describe the result of your attempt to resolve this issue with the merchant.

I Did Not Authorize or Participate in this/these Transaction(s)

Option 1

Option #1 My card was lost/stolen at the time of the disputed transaction(s)

On what date was the card lost/stolen? (mm/dd/yyyy)

I did not participate in any transaction on or after: (mm/dd/yyyy)

* Were police notified? Yes No If yes, date notified:
(mm/dd/yyyy)

* 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?

You must check this box if it applies:

* Neither I, nor anyone authorized by me, used this card for the disputed transactions listed on this form.

Option 2

Option #2 My card was in my possession at the time of the dispute transaction(s)

* Neither I, nor anyone authorized by me, used this card for the disputed transactions listed on this form.

Option 3

Option #3 The card was misused by the employee assigned to this card.

* Was the employee terminated? Yes No

* If yes, date of termination:
(mm/dd/yyyy)

Amount of Transaction Differs from Amount Billed

Reason for Dispute: Amount of transaction differs from amount billed

* The transaction amount billed shows \$ 310.00, however, the transaction amount should be

Note: Proof of the amount difference is REQUIRED by MasterCard for this dispute. Best practice is to print a copy of this dispute form and email these documents to the email address below, and retain a copy for your records.

Goods or Services not as Described

Reason for Dispute: Goods or Services not as described (Quality)

* Did the cardholder participate in the transaction? Yes No

* This transaction was: Face-to-face Non-face-to-face

NOTE: Please make sure you have provided all of the information requested below.
*****Any missing details may delay your dispute.*****

* Provide details about what was purchased and how the merchandise was damaged upon delivery or not suitable for the purpose for which it was intended or why the merchandise (or service) is not as described, defective, or incompatible.

* An attempt must be made to resolve with the merchant. Please include the specific details of this attempt including when the merchant was contacted, and why the merchant refused to correct the problem or issue credit. Note: The merchant must be given the opportunity to correct the problem prior to initiating a dispute.

* An attempt to return all "tangible" merchandise must be made. Please provide the details about the return of (or attempt to return) the merchandise. If there were NO tangible items to return, please state that.

Although not required at this time, if you have an Expert Opinion to corroborate and explain how the item or service performed by the first merchant was negligent, or not as described, or any other supporting documentation to substantiate your claim, please print this dispute form, and fax or mail along with supporting documentation to the address below within 10 days of the dispute, and retain a copy for your records. (Expert opinion must be written on expert's professional letterhead, or validated by other information that would demonstrate that the opinion is that of a recognized Expert or Professional.)

Credit Not Processed and I have Credit Receipt, Voucher (Proof)

Reason for Dispute: Credit not processed and I have credit receipt, voucher (proof)

* When was credit to be issued? (mm/dd/yyyy)

Cancellation number (if applicable):

Note: Supporting documentation (Ex. Credit slip, voucher, cancellation number, etc.) is required for this dispute reason. Please print this dispute form and send it along with documentation to support your claim that credit is due, to the address below within 10 days. If you do not have this documentation, please select another dispute reason based on "why" you are due a credit.


Dispute Resolution Forms

If you're a Channel Partner filing the dispute, you will need to fill out a Dispute Resolution Form on behalf of your cardholder. If a Comdata representative filed the dispute for you, the completed Dispute Resolution Form will be available through the Dispute ID link on the Transaction History page. See the following pages for examples of each form:

- **Form:** Point of Interaction (POI) Errors
- **Dispute Reasons that Trigger the Form:** Duplicate, Paid by Another Means, Amount of Transaction Differs from Amount Billed

POI Errors Form Page One

Dispute Resolution Form - Point of Interaction (POI) Errors



mastercard.

Dispute ID: 888888PE
Date: 06/23/2020

Account Code: AB123	Customer ID: BOT12
Contact Name: JANE DOE	E-mail: JANE.DOE@COMPANY.COM
Company: BUSINESS ICD	Phone Number: 555-555-5555
Address: 5301 MARYLAND WAY	Fax Number:
City/ST/Zip: BRENTWOOD / TN / 37027	

Card Number XXXXXXXXXXXX8888	Customer ID BOT12
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Disputed Transaction Listing

Transaction Date	Posted Date	Transaction Number CB#	Posted Amount	Recon Amount	Approval Code	MCC	POS	ARD Merchant Name
06/17/2020 11:55:06	06/17/2020 12:02:15	888888 CB0000000000	310.00	310.00	144291	5812	90	05536060168061700000033 MISCELLANEOUS FOOD

Transaction Information:

Acquirer's Reference Data or Switch Serial Number: **05536060168061700000033**
 Merchant Name: **MISCELLANEOUS FOOD STOP** Transaction or Settlement Date: **06/17/2020**
 Transaction Amount: **310.00** Disputed Amount: **100.00**

Type of Point of Interaction (POI) Error (Check One):

The cardholder was debited more than once for the same goods or services.
 Alternate means of payment details: _____

The cardholder was debited an incorrect amount.

The cardholder was billed for loss, theft, or damage in the same transaction as the underlying initial transaction service.

The cardholder states that he or she not given the opportunity to choose desired currency in which the transaction was completed or did not agree to the currency of the transaction.

The merchant processed a credit (instead of a reversal) to correct an error which resulted in the cardholder experiencing a currency exchange loss.

The cardholder claims the transaction amount is unreasonable.
 (Intra-European Economic Area (EEA) Transactions Only)

Improper Merchant Surcharge (Intra-European and Inter-European Transactions Only)

Duplicate Transaction (MCQR/MPQR Transactions Only)

POI Errors Form Page Two

Dispute Details:

Describe the cardholder's complaint in sufficient detail to meet the requirements for the chargeback as describe in the Chargeback Guide and to enable all parties to understand the dispute

The transaction amount billed shows \$ 310.00, however, the transaction amount should be \$ 210.00

Mastercard will determine whether this information contains sufficient detail.

POI Errors Form Page Three

"The issuer certifies that it complies with Mastercard Bylaws, Rules, policies and operating regulations and procedures of Mastercard (the "Standards"), written agreements and privacy laws and regulations applying to the protection of personal data. The issuer agrees that the personal data collected may be used according to Mastercard Standards and Mastercard's Global Privacy Notice on <http://www.mastercard.us/privacy/>. I certify that the facts were obtained from my discussion with the cardholder or the company/government agency representative on behalf of the corporate/government card cardholder and that the facts are accurate to the best of my knowledge."


MARY JONES
Customer Service/Chargeback Representative

06/23/2020
Date

- **Form:** Cardholder Dispute Chargeback
- **Dispute Reasons that Trigger the Form:** Did Not Receive Services or Merchandise, Goods or Services not as Described (Quality), Credit Not Processed and I have a Credit Receipt, Voucher

Cardholder Dispute Chargeback Form Page One

Dispute Resolution Form - Cardholder Dispute Chargeback



Dispute ID: 9999999CE
Date: 05/07/2020

Account Code: AB123	Customer ID: BOT12
Contact Name: JANE DOE	E-mail: JANE.DOE@COMPANY.COM
Company: BUSINESS INC	Phone Number: 555-555-5555
Address: 5301 maryland way	Fax Number:
City/ST/Zip: brentwood / tn / 78987	

Card Number XXXXXXXXXXXX6024	Customer ID BOT12
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Disputed Transaction Listing

Transaction Date	Posted Date	Transaction Number CB#	Posted Amount	Recon Amount	Approval Code	MCC	POS	ARD Merchant Name
03/09/2020 05:47:38	03/11/2020 08:43:41	888888 CB0311542038	8.64	8.64	125716	4814	2	05410190069031000000344 TELEPHONE

Transaction Information:
 Acquirer's Reference Data or Switch Serial Number: 05410190069031000000344
 Merchant Name: TELEPHONE Transaction or Settlement Date: 03/09/2020
 Transaction Amount: 8.64 Disputed Amount: 8.64

Type of Cardholder Dispute (Check One):

- Goods or services were not as described or defective, includes shipped merchandise received damaged or not suitable for its intended purpose or merchant didn't honor the terms and conditions of a contract
Delivery date of the goods or services: _____
- Goods or services were not provided.
Expected delivery date of the goods or services: See Below
- Digital goods were purchased totaling USD 25.00 or less and did not have adequate purchase controls.
- Credit not processed.
- Counterfeit goods alleged to be authentic were purchased
- Recurring transaction cancelled prior to billing
Cancellation date: _____
- Recurring agreement was not properly disclosed
- Addendum dispute
- "No-Show" hotel charge was billed
- Purchase transaction did not complete
- Timeshare agreement or similar service provision was cancelled within Mastercard time frame
- Credit posted as a purchase
- Failed Travel Merchant - Intra-EEA and Domestic European Transactions Only

Cardholder Participation:

Did the cardholder participate in the transaction? Yes No

Cardholder Dispute Chargeback Form Page Two

Dispute Details:

Describe the cardholder's complaint in sufficient detail to meet the requirements for the chargeback as describe in the Chargeback Guide and to enable all parties to understand the dispute

I/the cardholder participated in this transaction, but did not receive the Goods or Services. Yes No

Describe the item not received:

Equipment

The last expected date of delivery was: 05/21/2020

You may wish to contact the Merchant for a resolution prior to filing this dispute. If you have already done so, please describe the result of your attempt to resolve this issue with the merchant.

Mastercard will determine whether this information contains sufficient detail.

Cardholder Dispute Chargeback Form Page Three

"The issuer certifies that it complies with Mastercard Bylaws, Rules, policies and operating regulations and procedures of Mastercard (the "Standards"), written agreements and privacy laws and regulations applying to the protection of personal data. The issuer agrees that the personal data collected may be used according to Mastercard Standards and Mastercard's Global Privacy Notice on <http://www.mastercard.us/privacy/>. I certify that the facts were obtained from my discussion with the cardholder or the company/government agency representative on behalf of the corporate/government card cardholder and that the facts are accurate to the best of my knowledge."


MARY JONES
Customer Service/Chargeback Representative

05/07/2020
Date

- **Form:** Fraud
- **Dispute Reasons that Trigger the Form:** I Did Not Authorize or Participate in this/these Transaction(s)

Fraud Form Page One

Dispute Resolution Form - Fraud



Dispute ID: 0000000PE
Date: 06/03/2020

Account Code: AB123	Customer ID: BOT12
Contact Name: JANE DOE	E-mail: JANE.DOE@COMPANY.COM
Company: BUSINESS INC	Phone Number: 500-000-0000
Address: 5301 MARYLAND WAY	Fax Number:
City/ST/Zip: BRENTWOOD / TN / 37027	

Card Number XXXXXXXXXXXX5555	Customer ID BOT12
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Disputed Transaction Listing

Transaction Date	Posted Date	Transaction Number CB#	Posted Amount	Recon Amount	Approval Code	MCC	POS	ARD Merchant Name
05/27/2020 07:01:39	05/27/2020 07:34:21	555555 CB0527552771	30.00	30.00	126623	5541	90	022230000000000000000000 SERVICE STATION

Transaction Information:

Acquirer's Reference Data or Switch Serial Number: 02223000147052700000021
 Merchant Name: SERVICE STATION Transaction or Settlement Date: 05/27/2020
 Number of Items: 1 Disputed Amount: 30.00

By Completing this form, the issuer certifies its knowledge of the cardholder's claim that neither he, she, nor anyone authorized by him or her engaged in the transaction(s) provided with this form.

Card Status Information: Check all applicable boxes as required by the *Chargeback Guide* for this dispute.

The card was closed and the issuer blocked the account on its host before the chargeback was processed: [X] Yes [] No

The transaction was reported to the Fraud and Loss Database (prior SAFE) before processing chargeback: [X] Yes [] No

The account was listed on the Account Management Service Stand-In Account File with a "capture card" response until card expiration: [X] Yes [] No

The cardholder was not in possession nor in control of the card issued to the account at the time of the transaction. The card used was lost, stolen or never received issue (NRI): [X] Yes [] No

The cardholder was in possession and control of the card issued to the account at the time of the transaction or the card used was counterfeit: [] Yes [] No

Reason code 4837 when charging back CAT 2 transactions: Was the card lost, stolen, or NRI at the time of transaction? [] Yes [] No

Reason code 4840: Was one legitimate transaction made at the same merchant location and at the time of the transaction the cardholder was in possession and control of all cards? [] Yes [] No

Additional Information: if needed

Fraud Form Page Two

My card was lost/stolen at the time of the disputed transaction(s):

On what date was the card lost/stolen?

I did not participate in any transaction on or after:

Were police notified?
No

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

I did not authorize this charge on my card. Not sure how it got there.

Do you have any knowledge of the person(s) who may have used your card? If yes, who? No

"The issuer certifies that it complies with Mastercard Bylaws, Rules, policies and operating regulations and procedures of Mastercard (the "Standards"), written agreements and privacy laws and regulations applying to the protection of personal data. The issuer agrees that the personal data collected may be used according to Mastercard Standards and Mastercard's Global Privacy Notice on <http://www.mastercard.us/privacy/>. I certify that the facts were obtained from my discussion with the cardholder or the company/government agency representative on behalf of the corporate/government card cardholder and that the facts are accurate to the best of my knowledge."

Customer Service/Chargeback Representative: MARY JONES Date: 06/03/2020

Issuer complete section below for Reason Code 4871- Chip Liability Shift- Lost/Stolen/Never Received Issue (NRI) Fraud Chargeback only:

Card Issuer Region: Select One:

Cardholder Verification Method (CVM) Hierarchy List Certification

Number the priority sequence of CVM supported by the card from highest to lowest priority as 1, 2, 3, 4. Number 1 being the highest priority CVM on the card. If a CVM is not supported, leave that CVM option blank. See examples below:

_____ Online PIN Preferring
_____ Offline PIN
_____ Signature
_____ None (NO CVM)

Fraud Form Page Three

Examples: Card's CVM Priority or Hierarchy

*Example #1 - Card's CVM Priority or Hierarchy is Online PIN, Offline PIN, Signature and then No CVM.
CVM hierarchy: 1 Online PIN Preferring 2 Offline PIN 3 Signature 4 None (No CVM)*

*Example #2 - Card's CVM Priority or Hierarchy is Online PIN, Signature and then No CVM. The card does not support Offline PIN.
CVM hierarchy: 1 Online PIN Preferring _ Offline PIN 2 Signature 3 None (No CVM)*

*Example #3 - Card's CVM Priority or Hierarchy is Online PIN, Signature and then No CVM. The card does not support Offline PIN.
CVM hierarchy: _ Online PIN Preferring 1 Offline PIN 2 Signature 3 None (No CVM)*