

**BILLING DISPUTE**

**Customer Service  
1000 MacArthur Blvd  
Mahwah, NJ 07430**

Please complete and print this form, sign and return it to the address above with an explanation of your dispute to reserve your rights under the Fair Credit Billing Act. We must hear from you no later than 60 days after we send you the first statement on which the error or problem appeared. You may also fax this form to **(201) 818-0981**.

Account Number (last four digits):

Full Name:

Home Phone:

I dispute the following transactions on my billing statement:

Transaction Date	Posting Date	Transaction Type	Dollar Amount
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

Please check the categories that best describes your situation:

- Unauthorized purchase
- Double billing
- Paid by other means
- Incorrect amount
- Did not open account
- Returned merchandise on  (Date)
- Defective merchandise
- Merchandise not received
- Canceled order
- Credit not received

In order to pursue your dispute, please provide a detailed explanation on the next page and enclose a copy of the purchase receipt, return receipt, payment slip, and/or any other documentation that might support your position.

## BILLING DISPUTE

Use the space below to provide more detail regarding the disputed transaction(s):


(Enclose additional documentation as necessary.)

Please submit this information within 15 days of the disputed transaction(s). We will acknowledge your dispute in writing within 30 days and resolve your dispute within two billing cycles. Upon resolution, you will be notified by mail.

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

Signature: \_\_\_\_\_