



Customer Service
PO Box 100114
Columbia SC 29202-3114

Please complete and print this form, sign and return it to the address above with an explanation of your dispute within 15 days. 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 billing statement on which the error or problem appeared. You may also fax this form and supporting documentation 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

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 any documentation that might support your position - For example, you may enclose a copy of the purchase receipt, return receipt, merchant communication, etc.

