

# 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:

Statement Date	Transaction 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Unauthorized purchase                        | <input type="checkbox"/> Defective merchandise    |
| <input type="checkbox"/> Double billing                               | <input type="checkbox"/> Merchandise not received |
| <input type="checkbox"/> Paid by other means                          | <input type="checkbox"/> Canceled order           |
| <input type="checkbox"/> Incorrect amount                             | <input type="checkbox"/> Credit not received      |
| <input type="checkbox"/> Returned merchandise on <input type="text"/> |   |

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.

