



**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.



# Retail Card Services

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

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(Enclose additional documentation as necessary.)

Please submit this information within 15 days. Upon receipt, we will acknowledge your dispute in writing by mail within 30 days and resolve your dispute within two billing cycles. Upon resolution, you will be notified by mail.

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

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

If you have further questions regarding your dispute, you may contact us at 1-800-252-2551.