



**Customer Statement
Of Disputed Charge**

Keep a copy for your records before sending the dispute form.

Name	
Account Number	
Transaction Date	Posting Date
Merchant Name	Dollar Amount

Choose only one dispute reason.

- The amount of the charge was increased from \$_____ to \$_____ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- I have not received the merchandise that was to be shipped to me by the expected delivery date of __/__/__, (MM/DD/YY). I have asked the merchant to credit my account.
- I was issued a credit slip that has not shown on my statement. A copy of the credit slip is enclosed. The merchant has up to 30 days to credit the account.
- Merchandise that was shipped to me has arrived damaged and/or defective. I returned it on __/__/__ (MM/DD/YY) and asked the merchant to credit my account. Enclosed is a letter describing how the merchandise was damaged and/or defective and a copy of my return receipt. (REQUIRED)
- Although I did engage in the above transaction, I have contacted the merchant, returned the merchandise on __/__/__ (MM/DD/YY) and requested a credit. I either did not receive this credit or it was unsatisfactory. Attach a letter explaining why you are disputing this charge with a copy of proof of return. Also, if you are unable to return the merchandise, please explain.
- The services that were to be provided on __/__/__ (MM/DD/YY) were not received or were unsatisfactory. I contacted the merchant by phone or e-mail on __/__/__ (MM/DD/YY) for credit. Attach a letter describing the services you expected, the merchant's response to your attempts to resolve the dispute and enclose a copy of your sales contract/agreement.
- I certify that the charge in question was a single transaction, but was billed _____ times for the same charge by this merchant. I did not authorize _____ transactions. Enclosed is a copy of my sales slip.

Sale Number 1	Reference Number 1
Sale Number 2	Reference Number 2

Send this form to:
SunTrust Banks, Inc.
Attention: Commercial Card
P.O. Box 4910
Orlando, FL 32802-4910

Dispute Inquiry:
Toll Free: 800-836-8562
Fax: 407-762-5405

Signature (Required)		Date
Best Contact Number	Home Telephone	
Business Telephone	Cell Telephone	

- I received the merchandise or services; however, the merchant was paid by another method, (cash, check(s), or another credit card)
(PROOF OF PAYMENT REQUIRED)
- I notified the merchant on __/__/__ (MM/DD/YY) to cancel the pre-authorized order. I am requesting a credit. Please send copy of cancellation letter or note person spoke with at time of cancellation. Give reason for cancellation _____ and cancellation number _____.
- I notified the merchant and cancelled the hotel, motel or lodging reservation(s) on __/__/__ (MM/DD/YY). The cancellation number or code is _____.
- Cash received by ATM was less than requested. Amount requested \$_____. Amount received \$_____. Please provide copy of ATM receipt
- I certify that I do not recognize the transaction. Merchants often provide telephone numbers next to their name on your billing statement. Please attempt to contact the merchant for information.
- I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or a person authorized by me.
- My credit card was (circle one) Stolen, Lost, Never Received, Never Out of My Possession, But Still Misused on or about __/__/__.
- If your dispute is for a different reason, please contact us at the above telephone number. For prompt service, please have the account number available for the charge in question.
- If needed, please add another sheet for additional comments and/or disputed charges.
- I am no longer disputing this previously disputed transaction.