Citibank® Canada Commercial Cards

Cardholder Dispute Form

APC/PA's Name:		Date:	
Cardholder's Name:		Merchant Name:	
Account Number:			
Transaction Date:		Reference Number:	
Transaction Amount:		Posting Date:		Dispute Amount:	
Daytime Phone:		Fax Number:		E-mail Address:	
Cardholder/PA/APC's Signature:			

FAX TO:
Toll Free Fax: 888-320-4763   **International Fax:** 605-338-2069   **MAIL TO:** Citibank Commercial Card Services,
PO Box 6125, Sioux Falls, SD 57117-6125

Please select one dispute reason from the list below and completely answer all questions. Please complete and sign, then forward to Citibank® and the Program Administrator/Agency Official (as determined by your internal procedures), within 60 days of the statement date on which the disputed transaction posted so that we may investigate.

☐ **Copy Request**

I am requesting a copy of the sales draft for my records. I will receive this copy within 45 calendar days. If it is not my charge, I will need to dispute this item by contacting Citi within 60 days of the statement date.

☐ **Hotel Cancellation**

☐ **With Cancellation Number:**

I guaranteed a hotel reservation for late arrival and then cancelled it on _____ (date) at _____ (am/pm)

with cancellation number _____

Was the cancellation policy given to you at the time of reservation?   ☐ Yes   ☐ No
If yes, please provide the details of the cancellation policy:

_____

_____

☐ **Without Cancellation Number:**

I guaranteed a hotel reservation for late arrival and then cancelled it on _____ (date) at _____ (am/pm)
No cancellation number was given. Please provide the details of the cancellation, the merchant's response to your cancellation request and the name of person accepting the cancellation, if available:

_____

_____

Was the cancellation policy provided to you at the time of reservation?   ☐ Yes   ☐ No
If yes, please provide the details of the cancellation policy:

_____

_____

I understand it is required that I have attempted to contact the merchant and travel agent (if applicable), and their response on_____(date) was:

_____

_____

Please fax/mail proof of cancellation such as a copy of a phone bill showing the date and time the call was made to cancel the reservation.

Account Number: _____

☐ **Airline Ticket Cancellation Dispute**	I have cancelled the above identified airline ticket on _____ (date) because (reason): _____ _____ I was billed twice and I did not travel on ticket number _____ When I ordered the ticket, I understood it was fully refundable if I chose to cancel. On _____ (date), I contacted the merchant and travel agent (if applicable) and their response was: _____ _____ The name and number of the merchant and travel agent (if applicable) is: _____ _____ Please provide the details of the cancellation policy and cancellation number, if received: _____ _____
☐ **Duplicate Processing**	I engaged in a transaction with the above merchant. I was billed for the same transaction more than once.
☐ **Multiple**	I engaged in a transaction with the above merchant. I have no knowledge of the transaction noted above and it was not authorized by me or anyone representing me. My cards were in my possession at the time of the above transaction. The correct transaction took place on _____ (date), in the amount of $ _____.
☐ **Credit Not Received**	I engaged in a transaction with the above merchant. I dispute the entire charge or a portion of it in the amount of $ _____ . I have contacted the merchant and asked that a credit be applied to my account. I received a credit voucher for the above listed charge, but it has not been applied to my account. **Please fax/mail proof of credit from the merchant. If you don't have proof of credit, please select another dispute type.**
☐ **Merchandise/ Service Not Received**	Although I engaged in a transaction with the above merchant, I never received: _____ (description of merchandise/service) in the amount of $ _____ . I expected to receive it on _____ (date). If merchandise was to be sent, where was it to be delivered? _____ (Location). I have contacted the merchant and asked that a credit be applied to my account. I contacted the merchant on _____ (date) and their response was: _____ _____

Citi Transaction Services

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Account Number: _____

☐ **Merchandise Returned**	My account has been charged for the above listed transaction, but the merchandise in the amount of $ _____ has since been returned on _____ (date).
	The reason for return was:
	_____
	_____
	I have contacted the merchant on _____ (date) and their response was:
	_____
	_____
	Please provide details of the merchant's return policy, if one was provided:
	_____
	_____
	Please list all items that were returned to the merchant:
	_____
	_____
	Please fax/mail proof of your return/refusal of the merchandise. It can be obtained by requesting a trace through the local office of the delivery company that shipped the merchandise for you (if returned) or to you (if refused). **If this proof is not available, please provide the following information:**
	Date merchandise was received: _____
	Invoice\tracking number for return: _____
	Name of shipping company for return:_____
☐ **Merchandise/ Service Not As Described**	The item(s) did not conform to what was agreed upon with the merchant. Provide an explanation of what merchandise or service was received and what was expected:
	_____
	_____
	If written documentation is available that describes what was expected to be received, please fax/mail a copy.
	Please note where this transaction took place:
	☐ at the merchant's place of business ☐ through the mail ☐ email ☐ over the telephone
	I received or expected to receive the merchandise/service on _____(date). The merchandise/service was returned or cancelled on_____ (date). I contacted the merchant for a credit on _____ (date) and attempted to discuss the matter. The merchant's response was:
	_____
	_____
	Please send proof of your return/refusal of the merchandise. It can be obtained by requesting a trace through the local office of the delivery company that shipped the merchandise for you (if returned) or to you (if refused). **If this proof is not available, please provide:**
	Name of shipping company for return:_____
	Invoice tracking number for return: _____

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☐ **Credit Applied as a Charge**	I have received a credit voucher for the above listed charge, but it was applied to my account as a charge. **Please fax/mail us proof of credit from the merchant.**
☐ **Cancelled Recurring Transaction (Merchandise or Service)**	☐ **With Cancellation Number:** I notified the merchant on _____ (date) to cancel pre-authorized recurring charges (i.e., insurance premium, membership fee) and I was provided a cancellation number of: _____ . I will refuse delivery should the merchandise be received. ☐ **Without Cancellation Number:** I notified the merchant on _____(date) to cancel pre-authorized recurring charges (i.e., insurance premium, membership fee). The merchant has charged me again after this cancellation date. I contacted the merchant again on _____ (date), and their response was: _____ _____ I will refuse delivery should the merchandise be received.
☐ **Paid For By Another Means**	My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. I contacted the merchant on _____ (date) and their response was: _____ _____ **Please fax a copy of the front and back of the check, a copy of the cash receipt or other documentation that payment was made by other means. If paid by 3rd party, please include their documentation.**
☐ **Altered Amount**	Although I engaged in the above transaction, the dollar amount of the sale has been altered from $ _____ to $ _____ . **Please fax/mail a copy of your sales receipt, with the correct dollar amount.**
☐ **Unauthorized Transaction**	I certify that the charge listed above was not made by me or a person authorized by me. I did not receive any goods or services from this transaction nor did any person authorized by me.
☐ **Other**	I notified the merchant on _____ (date). I attempted to resolve the issue with the merchant and their response was: _____ _____