



# Citi® Commercial Cards

## Transaction Dispute Form

<b>Card Number (last 6 digits only):</b>		<b>Cardholder Name:</b>	
<b>Transaction Date (DD/MM/YY)</b>	<b>Merchant/Retailer Name</b>	<b>Transaction Amount</b>	

Please read the descriptions below and mark the one that is most relevant to your dispute. Also, please attach a copy of the corresponding statement and mark the statement to indicate the disputed item(s). Card program regulations require that you provide additional information to document specific items, where indicated below. If you have any questions, please contact Citibank Customer Services via the telephone number on the reverse of your card.

### 1. 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.

**Note:** If you have not yet blocked your card, please contact Service at the number on the back of the card immediately.

My card was in my possession at the time the fraudulent transactions were made? [required]  Yes  No

**If Yes:**

Did anyone else have access to your card? If so, what is their relationship to you?

**If no, please choose one of the below options:**

<input type="checkbox"/> <b>My card was not received</b>	What is the mailing address where the card was to be delivered? [required]
<input type="checkbox"/> <b>My card was lost/stolen on [required]</b>	I discovered the card was lost/stolen on . What happened? Did you file a police report? If so, please provide a copy. [required]
<input type="checkbox"/> <b>I was threatened with physical harm and forced to use the card to complete fraudulent transactions</b>	Please provide a detailed description of the event along with additional documentation (eg, Police report). If no police report, please explain:

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2. HOTEL CANCELLATION	
<input type="checkbox"/> <b>With Cancellation Number</b>	<p>I guaranteed a hotel reservation for late arrival and then cancelled it on _____ (date) at _____ (am/pm) with cancellation number: _____</p> <p>Was the cancellation policy given to you at the time of reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the details of the cancellation policy:</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> <b>Without Cancellation Number</b>	<p>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:</p> <p>_____</p> <p>_____</p> <p>Was the cancellation policy provided to you at the time of reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the details of the cancellation policy:</p> <p>_____</p> <p>_____</p> <p>I understand it is required that I have attempted to contact the merchant and travel agent (if applicable), and their response on _____ (date) was: _____</p> <p>_____</p> <p><b>Please furnish proof of cancellation such as a copy of a phone bill showing the date and time the call was made to cancel the reservation.</b></p>
3. AIRLINE TICKET CANCELLATION	
<input type="checkbox"/>	<p>I have cancelled the above identified airline ticket on _____ (date) because (reason): _____</p> <p>_____</p> <p>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.</p> <p>On _____ (date), I contacted the merchant and travel agent (if applicable) and their response was:</p> <p>_____</p> <p>_____</p> <p>The name and number of the merchant and travel agent (if applicable) is:</p> <p>_____</p> <p>Please provide the details of the cancellation policy and cancellation number, if received:</p> <p>_____</p> <p>_____</p>
4. DUPLICATE PROCESSING	
<input type="checkbox"/>	<p>I engaged in a transaction with the above merchant. I was billed for the same transaction more than once.</p>



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### 5. MULTIPLE PROCESSING

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 \$ \_\_\_\_\_.

### 6. 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. Attached is a copy of the credit slip.

### 7. 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: \_\_\_\_\_

### 8. 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 furnish 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: \_\_\_\_\_

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### 9. MERCHANDISE/SERVICE NOT AS DESCRIBED

<input type="checkbox"/>	<p>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:</p> <p>_____</p> <p>_____</p> <p>If written documentation is available that describes what was expected to be received, please fax/mail a copy.</p> <p>Please note where this transaction took place:</p> <p><input type="checkbox"/> at the merchant's place of business   <input type="checkbox"/> through the mail   <input type="checkbox"/> email   <input type="checkbox"/> over the telephone</p> <p>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:</p> <p>_____</p> <p>_____</p> <p>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). <b>If this proof is not available, please provide:</b></p> <p>Name of shipping company for return: _____</p> <p>Invoice tracking number for return: _____</p>
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### 10. CREDIT APPLIED AS CHARGE

<input type="checkbox"/>	<p>I have received a credit voucher for the above listed charge, but it was applied to my account as a charge. Please furnish us proof of credit from the merchant.</p>
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### 11. CANCELLED RECURRING TRANSACTION

<input type="checkbox"/> <b>With Cancellation Number</b>	<p>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: _____.</p> <p>I will refuse delivery should the merchandise be received.</p>
<input type="checkbox"/> <b>Without Cancellation Number</b>	<p>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.</p> <p>I contacted the merchant again on _____ (date), and their response was:</p> <p>_____</p> <p>_____</p> <p>I will refuse delivery should the merchandise be received.</p>

### 12. PAID BY OTHER MEANS

<input type="checkbox"/>	<p>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:</p> <p>_____</p> <p>_____</p> <p><b>Please furnish 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.</b></p>
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### 13. ALTERED AMOUNT

<input type="checkbox"/>	Although I engaged in the above transaction, the amount of the sale has been altered from \$ _____ to \$ _____. Please furnish a copy of your sales receipt, with the correct amount.
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### 14. ATM DISCREPANCY

<input type="checkbox"/>	I tried to withdraw cash from ATM, but cash was NOT dispensed (or) received only _____ from the ATM.
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### 15. INCORRECT TRANSACTION CURRENCY

<input type="checkbox"/>	The transaction was to be completed in _____ currency, whereas merchant processed the charge in _____ currency, which resulted in higher charge to the card.
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### 16. OTHERS (please specify, for NA clients only, please use this section to request charge copies)

<input type="checkbox"/>	_____ _____ _____
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I certify that the above information is true to the best of my knowledge. If additional information is needed I can be reached on \_\_\_\_\_ (STD or area code and telephone number) between the hours of \_\_\_\_\_ and \_\_\_\_\_ .

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YY)

**ASIA:** Please email a scanned copy of form and relevant documentation to Citibank at [customerservice.commcards@citi.com](mailto:customerservice.commcards@citi.com)

**EMEA:** Please email a scanned copy of form and relevant documentation to Citibank at [cc.disputes.declaration.form@citi.com](mailto:cc.disputes.declaration.form@citi.com)

**LATAM:** Please email a scanned copy of form and relevant documentation to Citibank at [commercial.disputes.latam@citi.com](mailto:commercial.disputes.latam@citi.com)

**NA:** Please send the completed form and relevant documentation to Citibank at PO Box 6125, Sioux Falls SD 57117-6125 or alternatively fax the same at +1 866-763-7946 (International: +1 605-357-2019).

Upon receipt of your Dispute form, Citibank will begin investigation of the dispute and will provide you with confirmation or status of your disputed transaction via Email, Telephone, Letter or Billing Statement adjustment within a maximum of 30 business days. Please contact our Customer Service at the telephone number given on the reverse of your card if confirmation or resolution is not received within the stated timeframe, or if you have additional questions about your dispute.

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