

PURCHASING CARDHOLDER DISPUTE FORM

CARDHOLDER INFORMATION

Name _____ Address _____

City/State/Zip _____ Work Phone _____

Home Phone _____ Account No. _____

SIGNATURE _____ DATE _____

DISPUTE

- Credit Not Posted (Attach Credit Slip)
- Duplicate Posting
- Erroneous Amount (Attach Sales Receipt)
- Other _____

MERCHANT NAME/DESCRIPTION

DOLLAR AMOUNT

MERCHANT NAME/DESCRIPTION	DOLLAR AMOUNT
_____	_____
_____	_____
_____	_____

DESCRIBE DISPUTE:

CARDHOLDER SHOULD SEND DISPUTE FORM YOUR PCPA

PCPA'S SHOULD SEND DISPUTE FORM TO THE ADDRESS LISTED BELOW

U.S. Bank Visa Purchasing Card
ATTN: Purchasing Card Disputes
P.O. Box 6344
Fargo, ND 58125-6344

Customer Service:
Toll Free: 1-800-344-5696
Fax: 701-461-3463

