



Customer Investigation Request for Disputed Business Card Transactions



- Please keep a copy of this completed form and original documentation.
- The signed form must be sent to the address indicated.
- If acknowledgement of your fax is not received within 5 days please follow up.

Please return completed form to:
 Premium Service Centre
 Facsimile number 1300 729 512

Account Details

Credit Card account number	Company name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Surname	Initials
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="text"/>	<input type="text"/>

Type of disputed transaction (please tick as appropriate)

- I did not authorise the transaction(s) nor did any other party to this account.
- I have not completed a transaction for the same amount with a different merchant.
- I only authorised one of the transactions (apparent duplication).
- I did engage in the transaction but did not receive the goods/services ordered (mail/telephone order).
I have contacted/attempted to contact the merchant without success.
- I have cancelled the authority with the merchant but my account is still being charged.
I enclose a copy of my letter of cancellation to the merchant and confirm the authority was cancelled on
- The attached credit voucher has not been credited to my account.
- I used another method of payment for this transaction, not the above credit card account and I enclose my proof of payment.
- Other (eg amount(s) incorrectly processed).



Please attach copy of voucher(s) and any other documentation available that may assist us in our investigation.

Please specify the exact nature of the dispute and if contact has been made with the merchant involved.

Details of disputed transaction/s as they appear on your statement. Please attach a copy of statement(s) if available.

Date	Reference number	Merchant description	\$ Amount

I authorise the Bank to correct the transaction/s in dispute.

Cardholder signature	Date
<input type="text"/>	<input type="text"/>

Address

State	Postcode

Home telephone number including STD area code	Business telephone number including STD area code
<input type="text"/>	<input type="text"/>