



# FRAUD DISPUTE PROCESSING FORM

Please return to: [frauddisputesfn@fleetcor.com](mailto:frauddisputesfn@fleetcor.com)

Or Fax to: 855-294-6083

**PLEASE ALLOW 30 DAYS FOR PROCESSING.** To avoid processing delays, be sure to complete this form in its entirety. Failure to provide complete and legible information, or not providing supporting documentation, may result in the delay and/or denial of your claim.

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

LAST 4 DIGITS of CARD #: \_\_\_\_\_ HOW MANY CARDS DO YOU HAVE? \_\_\_\_\_

PHONE#: \_\_\_\_\_ TOTAL DISPUTED AMOUNT: \$ \_\_\_\_\_

Please identify transactions in dispute and attach supporting documentation. Refer to your billing statement for the following information:

Date	Amount	Merchant

Please check each box that applies to your dispute:

THE CARD IN QUESTION WAS LOST/STOLEN

On what date was the card lost/stolen? \_\_\_\_\_

I did not participate in any transaction(s) on or after \_\_\_\_\_

Comments: \_\_\_\_\_

Were police notified: Yes  No  If yes, date notified \_\_\_\_\_

Please include a copy of police report (if applicable) and any other supporting documentation.

Briefly explain the circumstances surrounding the fraudulent use of the card.

\_\_\_\_\_

\_\_\_\_\_

Do you have any knowledge of the person(s) who may have used your card? If yes, who?

\_\_\_\_\_

Was/Is this person affiliated with your business? Yes  No

**FRAUD DISPUTE PROCESSING FORM (Continued)**

- REQUESTED CARD WAS NEVER RECEIVED
- THE AMOUNT OF THE TRANSACTION IS DIFFERENT FROM THE AMOUNT BILLED.
- My credit card statement shows \$ \_\_\_\_\_, however, the amount should be \$ \_\_\_\_\_
- I PARTICIPATED IN AT LEAST ONE TRANSACTION WITH THIS MERCHANT, BUT DID NOT PARTICIPATE IN THE DISPUTED TRANSACTION(S). THE CARD(S) WAS IN MY POSSESSION AT THE TIME OF THE TRANSACTION(S).  
\*\*\*THE VALID TRANSACTION IS:      DATE: \_\_\_\_\_      AMOUNT \$ \_\_\_\_\_
- CREDIT NOT PROCESSED. WHEN WAS THE CREDIT TO BE ISSUED? \_\_\_\_\_  
\*\*\*NOTE: MUST ATTACH SUPPORTING DOCUMENTATION TO SUBSTATIATE CLAIM THAT CREDIT IS DUE: CREDIT SLIP, VOUCHER, CANCELLATION NUMBER, LETTER FROM MERCHANT, ETC.  
CANCELLATION # (IF APPLICABLE) \_\_\_\_\_
- NEITHER I, NOR ANYONE ASSOCIATED WITH MY COMPANY USED THE CARD FOR THE TRANSACTION(S) LISTED ON THIS DISPUTE FORM OR LISTED ON THE ATTACHED SPREADSHEET/BILLING STATEMENT (IF APPLICABLE). TRANSACTIONS MUST BE CLEARLY NOTATED WHICH ARE DISPUTED.
- OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ✓ PLEASE RETURN THIS FORM ALONG WITH SUPPORTING DOCUMENTATION USING ONE OF THE METHODS LISTED AT THE TOP OF THIS FORM.
- ✓ ALL CLAIMS ARE DECISIONED IN ACCORDANCE WITH THE APPLICABLE TERMS AND CONDITIONS. FOR MORE INFORMATION, PLEASE REFER TO YOUR TERMS AND CONDITIONS.

**CUSTOMER'S ACKNOWLEDGEMENT**

THE BOX BELOW MUST BE SIGNED BY THE CARDHOLDER OR AUTHORIZED SIGNER FOR THIS ACCOUNT.

**I HEARBY CERTIFY THAT ALL THE FACTS AND INFORMATION PROVIDED REGARDING THE CIRCUMSTANCES OF THIS CLAIM ARE TRUTHFUL AND FACTUALLY ACCURATE TO THE BEST OF MY KNOWLEDGE.**

	AUTHORIZED CARDHOLDER SIGNATURE: _____	DATE: _____
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IF YOU HAVE ANY QUESTIONS REGARDING HOW TO FILL OUT THIS FORM, PLEASE FEEL FREE TO CALL CUSTOMER SERVICE AT THE TOLL-FREE NUMBER LISTED ON THE BACK OF YOUR CARDS.