



Business Purchasing Service Center

Dispute Form

Cardholder Name:

Card Number:

Transaction Date:

Transaction Amount: \$

Merchant Name:

Please return this completed and signed Dispute Form to the Business Purchasing Service Center by fax at 866-831-4452 or email at BPSCdispute@wellsfargo.com. All disputes must be received within 60 days from the posting date of the charge.

Please check the statement that best describes your dispute (select only *one* option). Attach any supporting documentation such as credit receipts, copies of other payment method, or merchant correspondence.

Prior to filing with Wells Fargo Bank you must contact the merchant in an attempt to resolve your dispute.

Duplicate Transaction: A single transaction has posted more than once.

Cancelled Transaction: I cancelled the transaction.

Incorrect Amount: A transaction for \$ _____ posted on my statement as \$ _____
I have enclosed my receipt which shows the correct charge amount.

Merchandise/Service not Received: I did not receive the service or merchandise requested.

Paid by other means: I have already paid this transaction by (please attach copy of other payment):

Check Cash Other Credit Card Money order

Credit Not Posted: The merchant did not process a credit transaction receipt. (Please attach receipt copy).

Returned Merchandise: I returned the merchandise to the merchant and have not received a credit.

Unrecognized Transaction: I do not recognize the transaction.

Copy Request: I would like to request a copy of the transaction. I am aware this is not a formal dispute.

Cardholder Signature: _____ Date: _____

Phone number: _____

Email address: _____

If claiming an unauthorized transaction your account must be closed. Please call 800-932-0036 for immediate assistance in initiating a fraud claim.