



Transaction Research Dispute Form

Today's date _____ Requested by: _____

ACCOUNT INFORMATION

Company Name:		Account Number/Carrier ID:	
Card Number(s):		Cardholder Name:	
Transaction Date(s): ____/____/____ through ____/____/____		Transaction Count: _____	Total Amount of Dispute: \$_____
Company email:		Company Fax Number	

RECOMMENDED: The merchant was contacted on: ____/____/____
Note: Details of the attempt to resolve with the merchant should be noted under the "additional detail" section below, under Dispute Details.

Please attach any supporting documentation with your dispute (Police Report, Transaction Detail Report, etc.) and provide all relevant details as to why the transactions are being disputed for expedient processing. Incomplete forms may be returned.

While the claim is being processed, please review the following recommendations:

- Your Company is obligated to keep the account current. If the account is due any credit, it will be granted at the resolution of the claim.
- We recommend your Company file a police report and if applicable contact the merchant location(s) immediately for possible video surveillance evidence as most such locations keep surveillance tape for only a short period.
- Resolution to a claim may take, on average, 60–90 days to complete and resolution may be communicated to the company by letter or email. Company is responsible for payment of the total balance until resolution has been communicated.
- If your account currently does not have Authorization Controls assigned to the cards, we strongly encourage establishing these controls. If assistance is needed with adding these controls, please contact Customer Service or Account Management directly.
- If additional information is needed, we will contact you.

Signature: _____

To the extent that this form is not signed by Company's representative, by submitting a copy of this document to a third party, the issuer certifies (1) the relationship between itself and the cardholder, and (2) that this form is a true, accurate and complete (unedited) message the issuer received from the cardholder.

Please fax/email completed form to:
(952) 917-5060 or customerdisputes@efsllc.com
Reference your Account Number/Carrier ID in e-mail subject line
Incomplete Forms May Be Delayed or Not Processed

DISPUTE DETAILS

Please indicate which EFS product is involved in the dispute:

<input type="checkbox"/> Mastercard® fleet card	<input type="checkbox"/> SmartFunds® Mastercard® card	<input type="checkbox"/> Virtual Mastercard®
<input type="checkbox"/> EFS fleet card	<input type="checkbox"/> EFS SmartFunds® card	<input type="checkbox"/> MoneyCodes®

What type of funds are impacted by the disputed transaction?

<input type="checkbox"/> Fleet/Company funds	<input type="checkbox"/> Contractor settlement funds	<input type="checkbox"/> Driver payroll funds
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Select the Following Option(s) That Best Describes the Situation:

<input type="checkbox"/>	The merchant charged a different amount than agreed. The amount authorized by the cardholder was \$_____. The amount charged by the merchant is: \$_____ When the merchant was contacted, the merchant refused to: <input type="checkbox"/> Adjust the Price; <input type="checkbox"/> Repair or Replace the Goods (or other things or value); <input type="checkbox"/> Issue a Credit <i>Note: if none of the above is applicable, describe the merchant's response in the "additional detail" section below.</i>
<input type="checkbox"/>	The goods or services did not conform to the merchant's description for the transaction (i.e. different quantity, quality, etc.). When the merchant was contacted, the merchant refused to: <input type="checkbox"/> Adjust the Price; <input type="checkbox"/> Repair or Replace the Goods (or other things or value); <input type="checkbox"/> Issue a Credit <i>Note: if none of the above is applicable, describe the merchant's response in the "additional detail" section below.</i>
<input type="checkbox"/>	Only one sale was authorized for \$_____ (Please select one of the following) <input type="checkbox"/> This transaction is a duplicate for the same amount charged on: ____/____/____ (OR) <input type="checkbox"/> An additional charge of \$_____ was processed without authorization. All cards are in the possession of the authorized cardholder.
<input type="checkbox"/>	A restricted product was purchased at this merchant. <i>Note: proof must be submitted, i.e. a ticket or invoice copy.</i>
<input type="checkbox"/>	On: ____/____/____ the merchant agreed to refund: \$_____, and the merchant has not refunded that amount. <i>Note: proof must be submitted, i.e. a copy of a receipt showing intended refund.</i>
<input type="checkbox"/>	Payment was made to the merchant by other means, and the merchant also charged Customer's EFS account. When the merchant was contacted, the merchant refused to: <input type="checkbox"/> Adjust the Price <u>or</u> <input type="checkbox"/> Issue a Credit <i>Note: proof must be submitted, i.e. if paid by check, provide a copy of the canceled check front & back.</i>
<input type="checkbox"/>	Other—Please provide your reason for dispute in the area provided below for additional detail.
<input type="checkbox"/>	The card(s) is in the possession of the Company/cardholder and the card was not used for the suspicious/unauthorized transaction(s) <u>OR</u> indicate the card is: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen
<input type="checkbox"/>	The intentional improper/unauthorized use: <input type="checkbox"/> Former Employee (If Former Employee, please specify exact dates of employment: from ____/____/____ to ____/____/____) <input type="checkbox"/> Current Employee <input type="checkbox"/> Another Suspect (Please Identify: _____ Relationship: _____) <input type="checkbox"/> Unknown Party
<input type="checkbox"/>	Suspect a merchant employee and a company employee is perpetrating intentional misuse or abuse of card.
<input type="checkbox"/>	Suspect the merchant is conducting the sales without the card present.
<input type="checkbox"/>	Other (please explain):

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