



Invoice Dispute Form

LOCATION INFORMATION

Location Name _____

Location ID _____

Contact Name _____

Title _____

Email Address _____

Phone Number _____

DISPUTE DETAILS

Part of the transaction needs to be reversed

Entire transaction needs to be reversed

Please select a reason:

Duplicate

Charged in error

Paid with an alternate method

Other

Explanation:

Transaction Date	Invoice Number	Authorization #	
Card #	Drivers Company Name		
Driver Id #	Unit #	Trailer #	Odometer/ Hubometer
**REQUIRED INFO FOR Z-CON TRANSACTION:			
VIN #:	DRID:	UNIT:	
Truck Fuel Gallons/Litres	Price per Gallon/Litre	Total \$	
Reefer Fuel Gallons/Litres	Price per Gallon/Litre	Total \$	
Other Fuel Gallons/Litres	Price per Gallon/Litre	Total \$	
Cash Advance Amount	Other (please specify)	Invoice Total \$	

Your claim cannot be processed without receipt copy and/or supporting documentation. Additional documentation may be requested to resolve claim.

Email Completed Form to claims@efslc.com