



Merchant 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 #			Driver's 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 From to claims@efsllc.com