

Transaction Dispute Form

This form must be completed and submitted as soon as a disputed transaction is identified. Transaction Dispute Forms must be received <u>within 90 calendar days</u> from the original transaction(s) settlement date. Otherwise your dispute rights might be compromised. Complete all fields in this form. Incomplete forms will delay the dispute process.

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If you have additional questions, please contact the Mesh customer service or your account manager		
List of disputed transactions: # Please fill in the CSV document attached	to the file.	
REASON FOR DISPUTE- PLEASE CHOOSE ONLY ONE		
□ 1. I did engage in the above transactions: However, I dispute the entire charge or a portion in the amount of \$ I have contacted the merchant and requested a credit adjustment that has not been received or was not satisfactory. I am disputing the charge because:		
Please attach to this form evidence of your communication with the merchant in regards to this dispute.		
2. I made one purchase with this merchant within the last 90 days and have been billed correctly for this. However, I have been billed by this merchant for an additional purchase which I did not make or authorize; all my cards are in my possession.		
☐ 3. The amount of the sales slip was increase additional charge was made or authorize		a copy of my sales slip. No
4. I have contacted the merchant giving them notification of cancellation prior to the date of this transaction. The exact date of the cancellation was: The cancellation # is: Please attach to this form evidence of your communication with the merchant in regards to this dispute.		
☐ 5. I certify the charge(s) above was/were no services, represented by the above trans	t made by me or a person authorized by me to use nesaction(s) received by me.	ny card, nor were goods or
Date card Details were lost or stolen:		
I acknowledge that all information contain	ned or submitted with this declaration is true.	
CARD HOLDER(S) SIGNATURE(S): signatures of all persons authorized to use th	e card are required.
Name	Signature	Date