

CARDMEMBER DISPUTE FORM



American Express Australia Limited
 GPO Box 1582, Sydney NSW 2001
 americanexpress.com.au

If a transaction appears on your statement that you believe is an error and you have been unable to resolve the situation with the merchant, please complete the form below. Please either fax this form to **(02) 9271 1400** or mail to **AMERICAN EXPRESS AUSTRALIA LIMITED, GPO BOX 1582, SYDNEY, NSW 2001**.

We will acknowledge receipt of your dispute claim in writing. Please be informed that the investigation timeframe may take up to 60 days.

A handling fee per disputed transaction may be applied if the dispute is found to be legitimately authorised by yourself or other authorised party.

Card Number:

Cardmember name: _____

Address: _____

Telephone no: Home () _____ Work () _____ Mobile () _____

I wish to dispute the following transaction/s on my American Express Card:

Date	Merchant	Amount (AUD)
<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>	<input type="text" value="\$"/>

Please select one of the following options and detail any additional information in the area provided below.

- I did not recognise the merchant or authorise the transaction/s (nor did the additional cardmember). I do have all card/s in my possession.
- The purchase was made by other means. *(Please provide either one (a) copy of cash receipt (b) the front and back of your cancelled cheque (c) copy of other bank statement as proof of payment.)*
- I have been billed more than once for the same transaction. Date of original transaction was ___/___/___.
- Transaction/s incorrectly processed, I authorised only \$_____. *(Please attach copy of valid transaction/s.)*
- Credit note has not been processed or has been listed as a charge on my statement. *(Please attach copy of credit note.)*
- I have cancelled / attempted to cancel my arrangement for a periodic debit with the merchant on ___/___/___.
(Copy of the cancellation letter or instruction to the merchant to cancel the authority must be provided.)
- I have not received the goods/services ordered (mail/telephone order). The expected delivery date was ___/___/___.
I contacted the merchant on ___/___/___ and merchant's response was: *(Please specify below under additional information.)*
- I attempted to cancel this purchase with the merchant on ___/___/___.
(Please provide record of contact with the merchant.)
- This transaction was a cancelled preauthorised order (reservation). My cancellation number is _____. Date of cancellation is ___/___/___. The reason I cancelled was: *(Please specify below under additional information.)*
(If you do not have a cancellation number, please provide the contact name or a copy of your phone bill as evidence of contact with merchant.)
- Other - *(Please provide details and attach any documentation available to assist in our investigations.)*

Additional information:

Basic Cardmember's Signature

Date