## CARDHOLDER STATEMENT OF QUESTIONED ITEM (Please print or type in black ink.)

CARDHOLDER NAME (please print or type)			A	ACCOUNT NUMBER		
		CARDHOLDER SIGNATURE	DATE	TELEPI	TELEPHONE NO.	
	The transaction in question as shown on Statement of Account:  Transaction Date Reference #		Merchant Name	Amount	Statement Date	
Please rea 994-6722	ad care:	fully each of the following situations and check the one movill be more than happy to advise you in this matter.	ost appropriate to your particular disput	e. If you have any questic	ons, please contact us at (888	
If the stat number a		s) below are not applicable, please send a letter of explanate acture.	tion regarding your dispute. Please list	all pertinent information	and include your account	
1.		UTHORIZED MAIL OR PHONE ORDER I have not authorized this charge to my account. I have no	ot ordered merchandise by phone or ma	il, or received any goods	or services.	
2.		JPLICATE PROCESSING  The transaction listed above represents multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.				
3.		ERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$				
4.		RCHANDISE RETURNED IN THE AMOUNT OF \$  My account has been charged for the above listed transaction, but the merchandise has since been returned.  Enclosed is a copy of my postal or express mail receipt. (Please include a copy of the postal or express mail receipt.)				
5.		EDIT NOT RECEIVED  I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed. (Please provide a copy of this voucher with this correspondence.)				
6.		ERATION OF AMOUNT The amount of this charge has been altered since the time difference of the amount is \$		sales draft showing the ar	nount of which I signed. The	
7.		ADEQUATE DESCRIPTION/UNRECOGNIZED CHARGE  I do not recognize this charge. Please supply a copy of the sales draft for my review. I understand that when a valid copy is sent to me, a Cardholder Statement of Questioned Item Form must be provided and will include the copy of the sales draft if a further dispute exists. If a copy of the sales draft cannot be obtained, a credit will appear in my account.				
8.		Y REQUEST I recognize this charge, but I need a copy of the sales draft	t for my records.			
9.		Paid for by another means. My card number was used to s	faction; however, the merchant was unable to provide the services.  card number was used to secure this purchase; however, final payment was made by check, cash, another credit card, or y receipt, canceled check (front & back), copy of credit card statement, or applicable documentation demonstrating that eans).			
10.		AS DESCRIBED (Cardholder must specify what goods, services, or other th with the merchant. (The cardholder must have attempted to			orm to what was agreed upon	
11.		TE OF THE ABOVE  If none of the above reasons apply, please describe the situ outstanding issues. Use a separate sheet of paper, if necess				

SEND THIS FORM AND ANY SUPPRTING BACKUP MATERIAL TO:

U.S. Bank Government Services P.O. Box 6344 Fargo, ND 58125-6344 Fax: (866) 299-9625 or (701) 461-3463