

CB53 – Not as described, faulty or Counterfeit Goods Received

Customer Name: _____

Sort Code: _____ Account Number: _____

Last 4 digits of card number used: _____

Date of transaction(s)	Merchant Name	Amount
_____	_____	_____

Please provide a description of the good/services ordered: _____

Please provide details of why the goods/services were defective/not as described and supply any supporting documents:

What date were the goods/services received? _____

What date were the goods/services expected? _____

What date was the merchandise returned or the service cancelled? _____

The name of the shipping company and the invoice or tracking number: _____

Date retailer received the merchandise? _____

Visa regulations stipulate that you need to attempt to resolve with the retailer before we can progress further and take action on your behalf.

Date retailer received the merchandise? _____

Date attempted to resolve with the retailer/liquidator: _____

Method of communication: _____

Name of contact (if known): _____

Retailer Response: _____

I agree you may discuss the case and pass a copy of this statement to the retailers/suppliers listed above and/or the acquiring banks or agents involved in the processing of these transactions.

Signature of customer: _____ Date: _____