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CB53 – Not as described, faulty or Counterfeit Goods Received

Customer Name:		
Sort Code:	Account Number:	
Last 4 digits of card numbe	r used:	
Date of transaction(s)	Merchant Name	Amount
		ed:
Please provide details of what any supporting documents	ny the goods/services were o	defective/not as described and supply
What date were the goods/	/services received?	
		e cancelled?
The name of the shipping c	company and the invoice or	tracking number:
Visa regulations stipulate the progress further and take a		resolve with the retailer before we can
Date retailer received the n	nerchandise?	
Date attempted to resolve	with the retailer/liquidator:	
Method of communication	:	
Name of contact (if known):	
Retailer Response:		

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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:
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