

CB53 – Misrepresentation Claim

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 attempted to resolve with the retailer/liquidator: _____

Method of communication: _____

Name of contact (if known): _____

Retailer Response: _____

Do you feel that the merchant misrepresented this sale? Yes / No

Why do you feel that the merchant misrepresented this sale? _____

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: _____