CREDIT CARD DISPUTE RESOLUTION FORM

Name: _____ Account number: _____

Email address: _____ Phone number: _____

Cardholder's signature **(Your signature is required):** _____ Today's date: _____

Merchant's name: _____

Transaction amount: _____ Transaction date: _____ Dispute amount: _____

If the charges you are disputing are **unauthorized or fraudulent**, please ***do not*** complete this form. Contact our Customer Service department at 1.800.964.1800 to report unauthorized or fraudulent charges on your account.

If you think there is an error on your monthly billing statement, describe what you believe is wrong and why you believe it is a mistake. (Please note that you must notify us ***in writing*** of a billing error dispute within 60 days of us mailing you the statement containing the alleged mistake.)

Please select the dispute type below that best describes your reason for dispute. This information is required and we encourage you to provide as much information as possible. Please attach additional pages, if necessary. Return this form and any supporting documents via **fax to 1.866.445.0429**, or mail to Nordstrom, Attn: Exceptions Dept., PO Box 6554, Englewood, CO 80155.

☐ **NON-RECEIPT OF MERCHANDISE/SERVICES**

Describe the merchandise or service ordered: _____

Merchandise/Services not received. I expected delivery on (date): _____

Date of most recent contact with the merchant: _____

Describe your attempt(s) to resolve this dispute with the merchant. **(This is required prior to disputing.)** _____

_____

Merchant response: _____

☐ **RETURNED MERCHANDISE**

Describe the merchandise: _____

Were you advised of a Return Policy? ○No ○Yes (Explain): _____

Date merchandise returned: _____ Date received by merchant: _____

Did merchant provide a Return Merchandise Authorization (RMA) number? If yes, please provide RMA#: _____

Shipping company: _____ Tracking number: _____ Reason for return: _____

If you have a credit slip, voucher, or refund acknowledgement, please provide or enclose a copy.

Date on credit slip: _____ Invoice/Receipt number of the credit: _____

Date of most recent contact with the merchant: _____

Describe your attempt(s) to resolve this dispute with the merchant. **(This is required prior to disputing.)** _____

_____

Merchant response: _____

☐ **CANCELLED MERCHANDISE/SERVICES**

Describe the merchandise or services ordered: _____

Were you advised of a Cancellation Policy? ○No ○Yes (Explain): _____

Date of cancellation: _____ Spoke with: _____

I cancelled this recurring transaction with the merchant on (date): _____ Cancellation code/number: _____

Reason for cancellation: _____

Describe how you cancelled this transaction (phone, email, other): _____

Date of most recent contact with the merchant: _____

Describe your attempt(s) to resolve this dispute with the merchant. **(This is required prior to disputing.)** _____

_____

Merchant response: _____

_____

☐ **DUPLICATE TRANSACTION**

Date of valid charge: _____ Date of duplicate charge: _____

Date of most recent contact with the merchant: _____

Describe your attempt(s) to resolve this dispute with the merchant. **(This is required prior to disputing.)** _____

_____

Merchant response: _____

☐ **NON-RECEIPT CASH/ATM**

Transaction reference number: _____

○ I made a single attempt and did not receive cash. ○ I made multiple attempts and only received cash on one of those attempts.

○ I attempted to withdraw $ _____, but only received $ _____. ○ Other: _____

☐ **INCORRECT TRANSACTION AMOUNT**

The transaction posted for $ _____, but should have posted for $ _____.

You must supply a copy of the receipt showing the correct amount.

Date of most recent contact with the merchant: _____

Describe your attempt(s) to resolve this dispute with the merchant. **(This is required prior to disputing.)** _____

_____

Merchant response: _____

☐ **CREDIT POSTED AS DEBIT IN ERROR**

A credit for $ _____ was posted to my account as a debit.

You must supply a copy of the credit receipt received from the merchant.

Date of most recent contact with the merchant: _____

Describe your attempt(s) to resolve this dispute with the merchant. **(This is required prior to disputing.)** _____

_____

Merchant response: _____

☐ **PAID BY OTHER MEANS**

I paid for these goods or services by (please indicate which method): ○ Check ○ Cash ○ Bank Card ○ Other: _____

You must supply proof of other means of payment. Proof can include another Bank Card statement, copy of the front and back of a cancelled check, or cash receipt.

Date of most recent contact with the merchant: _____

Describe your attempt(s) to resolve this dispute with the merchant. **(This is required prior to disputing.)** _____

_____

Merchant response: _____

☐ **QUALITY OF MERCHANDISE/SERVICES***

Describe in detail the difference between the merchandise or service that was ordered and what was received, what was defective, or why the merchandise or service is unsuitable for your needs **(please attach additional pages, if necessary).**

Date merchandise returned and received by merchant: _____ If mailed, RMA# (Return Merchandise Authorization): _____

Shipping company: _____ Tracking number: _____

If you have a credit slip or voucher or a refund acknowledgement, please enclose a copy.

Date of credit: _____ Credit invoice/Receipt number: _____

Date of most recent contact with the merchant: _____

Describe your attempt(s) to resolve this dispute with the merchant. **(This is required prior to disputing.)** _____

_____

Merchant response: _____

*Due to differing laws in international countries, international transactions do not have the same consumer protection rights as transactions originating in the U.S. We will make every effort to assist you; however, we cannot guarantee a favorable outcome for all disputed transactions.