CARDHOLDER STATEMENT OF QUESTIONED ITEM

Purchasing CPP

(Please print or type in black ink)

CARDHOLDER NAME (please print or type) _____ ACCOUNT NUMBER _____

CARDHOLDER SIGNATURE _____ DATE _____ (AREA CODE) TELEPHONE NUMBER _____

The transaction in question as shown on Statement of Account:

Transaction Date	Reference Number	Merchant	Amount	Statement Date

Please read carefully each of the following situations and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 888-99-IMPAC (888-994-6722). We will be more than happy to advise you in this matter.

1. UNAUTHORIZED MAIL OR PHONE ORDER
   [ ] I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.

2. DUPLICATE PROCESSING—THE DATE OF THE FIRST TRANSACTION WAS_____.
   [ ] The transaction listed above represents a 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. MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF $_____.
   [ ] My account has been charged for the above transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved. (Please provide a separate statement detailing the merchant contract, and the expected date to receive the merchandise).

4. MERCHANDISE 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 UPS receipt.

5. CREDIT 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. ALTERATION OF AMOUNT
   [ ] The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed. The difference of amount is $_____.

7. INADEQUATE 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 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. COPY REQUEST
   [ ] I recognize this charge, but need a copy of the sales draft for my records.

9. SERVICES NOT RECEIVED
   [ ] I have been billed for this transaction, however, the merchant was unable to provide the services.
   [ ] Paid for by another means. My card number was used to secure this purchase, however final payment was made by check, cash, another credit card, or purchase order. (Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means).

10. NOT AS DESCRIBED
    [ ] (Cardholder must specify what goods, services, or other things of value were received). The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must have attempted to return the merchandise and state so in their complaint). _____

11. If none of the above reason apply-please describe the situation:_____

(Note: Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper, if necessary, and sign your description statement).

Send To:

I.M.P.A.C. Government Services, P.O. Box 6347, Fargo, ND 58125-6347
Fax: 701-461-3466.

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Form: CSQICPPPUR