

**CREDIT CARD CHARGEBACK REVERSAL AUTHORIZATION**

Case Number: \_\_\_\_\_

Transaction Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Visa [ ] MasterCard [ ] Discover [ ] American Express [ ] Other: \_\_\_\_\_

**Note:** The merchant, “<<Company>>” has obtained sufficient tracking information for this transaction and will provide a rebuttal to the credit card issuer.

The merchant reserves the right to request further investigation or refer the chargeback to the proper authority should a signature from the customer not be acquired.

Statement:

This transaction chargeback was reported in error. I (the “Cardholder”) agree to the reversal of the chargeback.

**Cardholder:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

S

A

M

P

L

E

**Print and Fax this form to:**

<<Company>> Attention: Sales Dept - Fax <<Fax>>

**Or**

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