

ATTENTION: CHARGEBACK DEPARTMENT

FAX TO: 323-966-0056

TOTAL PAGES FAXED: \_\_\_\_\_

## Retrieval Request Fulfillment

## Signature Card Services

### Merchant:

Please **complete the following steps** for **each** of the Retrieval Requests ("Q" transactions) you wish to dispute.

Your Merchant Name  
and / or Number:

Your Phone Number  
and Contact Name: *(in case the bank has questions)*

Credit Card  
Number:

Print the Credit Card Lookup report for this cardnumber from our web -site

Retrieval Type was:  IMAGE  PHOTO  ORIGINAL

Include a copy of the signed draft, sales slip, invoice, or other documentation substantiating the sale. If you do not have this information, include a Substitute Draft (example shown below).

Block the cardnumber from future usage / orders

### Sample Substitute Draft

<b>Cardholder Number</b> 5424-1111-4848-5784	<b>Transaction Date</b> 02/01/2000
<b>Cardholder Name</b> Fred Smith	<b>Card Expiration Date</b> 02/01/2000
<b>Transaction Amount</b> \$ 25.00	<b>Authorization Number</b> 68484A7
<b>AVS Response Code</b> 1	
<b>Merchant Name</b> your name here	<b>Merchant Location</b> Address or web location if internet
<b>Description of Services</b> what did the cardholder buy?	

**Fax this form, Credit Card Lookup report showing the transactions, and the sales draft, invoice or substitute draft to the bank at the number listed above**

**To ensure proper and prompt processing of this retrieval request, please make sure to complete this form as well as you can. Make sure to fax all documents for each card number together and separate from other card numbers.**