

Disputed Transaction Form

Please complete all sections and return form with any documentation via email to the Bonfire Support Team at: support@bonfire.co.nz

Cus	tome	er Numb	er: (ple	ease print	clearly)												
Cus	tome	er Name): (pleas	e print cle	early)			1	<u> </u>					l			
First name(s)							Middle name(s)			Last r	Last name(s)						
		o disput ote: \$50.00						ed transo	action no	uphelo	d where	the trans	action e	xceeds o	a value o	f \$50.	
D	Day Month Year				Me	Merchant Name								Amount (NZD)			
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	The (goods w	ere re	turned	on or th	ne serv	ices wer	e canc	elled on	/	·/						
	A credit for the amount of \$ was due to be processed to my card/account on/																
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_	to co	ancel m	y auth	ority or	//	′ ,	/		ents from				er I can	celled	or attem	pted	
	l do	not reco	gnise	the tra	nsactio	n or m	erchant	or do n	ot remer	nber m	naking 1	his purc	:hase.				
		her I nor chant, n						thorised	d or parti	cipate	d in this	s transac	ction fro	om the o	above		

Disputed Transaction Form (continued)

MORE DETAILS Please provide required information as stated above, or any ac	dditional information that may assist us in resolving
your dispute.	
	· · · · · · · · · · · · · · · · · · ·
Customer Signature	
By signing you confirm that all the information supplied on this form is corr	ect and true. NB. You also accept \$50.00 will be applied to
your card per disputed transaction not upheld where the transaction exce	eeds a value of \$50.
Primary Cardholder's Signature (required)	Additional Cardholders Signature (only required if transactions were made on additional card)
Date	Date:
CARDHOLDER DETAILS	
Title: Name:	
Address:	
Home Phone: Work Phone:	Mobile:
Email Address:	
Preferred method of contact: Email	Phone
WHAT TO DO NEXT	
Please email this form to:	
support@bonfire.co.nz	
WHAT YOU NEED TO KNOW ABOUT DISPUTE RESOLUTION T	AAFS AAFS
Resolution timeframes vary depending on the nature of the disp timeframes are governed by Global Scheme Rules e.g. Maste	
required. Please note that if we request additional information, or we will be unable to proceed with your dispute.	this must be sent to us within the timeframe requeste
FOR OFFICE USE:	
Staff Full Name:	Date: