



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.

Customer Number: *(please print clearly, this number can be found on the back of your card.)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Customer Name: *(please print clearly)*

First name(s)	Middle name(s)	Last name(s)

I wish to dispute the following transaction(s)

Please note: a \$15 Transactions Fee is applicable per transaction

Day	Month	Year	Merchant Name	Amount (NZD)
				\$
				\$
				\$
				\$
				\$

Please select dispute type

(please tick the most appropriate option and ensure you attach the corresponding documentation).

- I have not received the good or services I have paid for. They were expected on**
I contacted the merchant to try to resolve this matter. My last contact was on
Please provide a description of the goods / services that were not received, on page two.
- The goods were returned on or the services were cancelled on**
A credit for the amount of \$..... was due to be processed to my card/account on
Please attach a copy of the request to cancel services or confirmation the goods were returned.
- I have been charged for duplicate a transaction. I contacted the merchant to try and resolve this matter.**
My last contact was on
Please provide detail on page two, along with any supporting documents that may assist our investigation.
- The merchant was authorised to deduct regular payments from my account, however I cancelled or attempted to cancel my authority on**
Please attach a copy of your instructions to the merchant to cancel the authority.
- I do not recognise the transaction or merchant or do not remember making this purchase.**
- Neither I nor the additional cardholder have authorised or participated in this transaction from the above merchant, nor received any goods or services.**



Disputed Transaction Form (continued)

MORE DETAILS

Please provide required information as stated above, or any additional information that may assist us in resolving your dispute.

Customer Signature

By signing you confirm that all the information supplied on this form is correct and true. **NB. You also accept a \$15.00 Transaction Fee per transaction.**

.....
Primary Cardholder's Signature (required)

Date:

--	--	--	--	--	--	--	--

.....
Additional Cardholders Signature (only required if transactions were made on additional card)

Date:

--	--	--	--	--	--	--	--

CARDHOLDER DETAILS

Title: _____ Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email Address: _____

Preferred method of contact: Email Mail Phone

WHAT TO DO NEXT

Please email this form to:



WHAT YOU NEED TO KNOW ABOUT DISPUTE RESOLUTION TIMEFRAMES

Resolution timeframes vary depending on the nature of the dispute, and how the transaction(s) was processed. These timeframes are governed by Global Scheme Rules eg. MasterCard. We may contact you if further information is required. Please note that if we request additional information, this must be sent to us within the timeframe requested or we will be unable to proceed with your dispute.

FOR OFFICE USE:

Staff Full Name: Date: