Appendix C

Scotiabank Purchasing Card Dispute Form

If you have a transaction appearing on your statement that you are disputing you may complete this form and send to:

Scotiabank Commercial Card Service Centre,
P.O. Box 4100, Postal Station "A", Toronto, ON, M5W 1T1
or fax: (416) 701-7022

Please Print

Account No. |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Amount_____

Posting Date _____/_____/_____ Transaction Date: _____/_____/_____
MM DD YY MM DD YY

Reference Number
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Description
_____

☐ 1. The amount of my sales draft was increased from $_____ to $_____; or my sales slip was added incorrectly. Enclosed is my copy of the sales draft which shows the correct amount.

☐ 2. I certify that the charge(s) listed above was/were not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or a person authorized by me. (If you do not recognize the sale(s), please choose this option).

☐ 3. I have not received the merchandise which was to have been shipped to me. I contacted the merchant on _____ and requested that my account be credited.

☐ 4. The attached credit slip was listed as a sale on my statement.

☐ 5. I was issued a credit card slip which was not posted on my statement. A copy of my credit slip is enclosed.

☐ 6. I certify that the charge in question was a single transaction but was posted twice on my statement. I did not authorize the second transaction. (Please note on which dates the sale in question posted to your account.)

☐ 7. I notified the merchant on _____ to cancel the pre-authorized order (reservation). Please note cancellation number, if applicable _____.

☐ 8. Although I did engage in a transaction at the merchant, I was billed for _____ transaction(s) totalling $_____ that I did not engage in nor did anyone else authorized to use my card.

☐ 9. Merchandise which was shipped to me has arrived damaged and/or defective. I have returned it and requested that my account be credited.

Name (Please Print) _____

Company _____

Signature _____ Date _____

Telephone No. Work (_____) _____

Fax (_____) _____