

Customer Dispute Form

Account Number: 5222 7720 0021 8151 Amount: \$ (1632.31 - 24.92) = 1607.39

Merchant Name: BMG Music Service Date of Charge: 3/28 - 4/21/04

Please check only ONE dispute reason - If multiple options are checked, this form becomes invalid.

() I was billed more than once for a single purchase. Only one charge was authorized with this merchant for \$ _____ on this date _____. You are disputing the charge on this date: _____. You certify that all cards issued to you are in your possession. Please call us immediately if you find that any of the credit cards issued on this account are missing. Please provide a copy of the receipt from the original purchase.

() Service was not rendered. The merchant did not provide service by the intended date and you have contacted the merchant with no resolution. Please provide below, the date that you expected service, the merchant's response and the date when you contacted them. Attach any contracts or receipts if available.

() Service or Membership was cancelled. The Service/Membership was cancelled on this date _____. Were you advised of a cancellation policy? Yes No (circle one)
Please attach a copy of the letter sent to the merchant requesting cancellation OR provide below the name of the person you spoke with, the reason for your cancellation, and the cancellation number.

☒ Merchandise was returned. Please include a written explanation of what you expected to receive (include any sales receipt, contract, invoice, or brochure), what you actually received, the reason and date that the merchandise was returned, and details around your efforts to resolve this dispute with the merchant. Attach a signed postal receipt or credit slip showing that the merchant has received the merchandise. If merchandise is defective, please include below an explanation of the defect.

() Credit did not post to my account. Please enclose a copy of the credit slip and a detailed explanation of your dispute.

() I did not receive the merchandise. The merchandise was to be shipped/picked up(circle one) by date _____. Please include below, the merchant's response and the date you contacted them.

() I was overcharged for the purchase. Please include a copy of the signed sales receipt.

() I paid by other means. Please attach a copy of the cash receipt, cancelled check (front and back copy), or other credit card statement showing charge was applied and details around your effort to resolve this issue with the merchant.

() I was charged for a reservation that I cancelled. Please advise below if you reserved a hotel room, rental car, or other type of reservation and provide the date and time that you contacted the merchant for that reservation. Were you advised of any cancellation policy? Yes No (circle one) If yes, please provide policy below. Were you given a cancellation number? Yes No (circle one) If yes, please provide the cancellation number below. In addition, please include below the date and time that you contacted the merchant to cancel the reservation.

() My credit posted as a charge. Please attach a copy of the credit slip and provide the date of the original charge below.

() Quality of Service. To dispute the quality of the service or merchandise received, please describe the nature of your dispute on a separate page and your attempts to resolve the issue with the merchant. Please include the date that you contacted the merchant, and any copies of repair bills, contracts, invoices, or other supporting documentation. In addition, please provide the fair amount of the charge that you are willing to accept for the service or merchandise that you received.

() I did not authorize this charge. You certify that you did not authorize or participate in this transaction, nor did you authorize anyone else to use your card. Your credit card number was not provided to the merchant. You have confirmed that any Joint Cardholders or Authorized Users on this account also did not participate in this transaction, and all cards issued to you are in your possession. Please call us immediately if you find that any of the credit cards issued on this account are missing.

() I do not recognize this charge. You do not recognize the above-mentioned transaction and are requesting information to assist in identifying this charge such as a signed sales receipt.

Additional Information:

Signature: Karen Patterson Date: 5-28-2004

Return any documentation by Mail - P.O. Box 15902, Wilmington, DE 19850-5902 or Fax: 800-352-3913
For Customer Service, please call 800-441-7681. We are available 24 hours a day, 7 days a week.