

Please return to: customerservice@fleetcor.com

PLEASE ALLOW 30 DAYS FOR PROCESSING. To avoid processing delays, be sure to complete this form in its entirety. Please provide complete and legible information, as well as any supporting documentation, to avoid a processing delay.

Date: _____

Business Name: _____ Bill Group (BG) Number: _____

Email: _____ Contact Name: _____

Phone#: _____ Total Claim Amount: \$ _____

LAST 4 DIGITS of CARD #: _____

Please identify non-fraud transactions and attach supporting documentation. Refer to your billing statement for the following information:

Date	Amount	Merchant

Please check each box that applies to your claim:

The cardholder was debited more than once for the same goods and services

Alternate means of payment details: _____

Duplicate Transaction


Please include a copy of supporting documentation (i.e., Fleet Management Report)

Other: _____

CUSTOMER'S ACKNOWLEDGEMENT

THE BOX BELOW MUST BE SIGNED BY THE AUTHORIZED SIGNER FOR THIS ACCOUNT.

I HEARBY CERTIFY THAT ALL THE FACTS AND INFORMATION PROVIDED REGARDING THE CIRCUMSTANCES OF THIS CLAIM ARE TRUTHFUL AND FACTUALLY ACCURATE TO THE BEST OF MY KNOWLEDGE.

 AUTHORIZED CARDHOLDER SIGNATURE:	DATE:
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IF YOU HAVE ANY QUESTIONS REGARDING HOW TO FILL OUT THIS FORM, PLEASE FEEL FREE TO CALL CUSTOMER SERVICE AT THE TOLL-FREE NUMBER LISTED ON THE BACK OF YOUR CARD.