I am disputing the following charges on my account:

<table>
<thead>
<tr>
<th>MERCHANT</th>
<th>POSTING DATE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ____</td>
<td>_____________</td>
<td>_______</td>
</tr>
<tr>
<td>2. ____</td>
<td>_____________</td>
<td>_______</td>
</tr>
<tr>
<td>3. ____</td>
<td>_____________</td>
<td>_______</td>
</tr>
</tbody>
</table>

We understand that you would like to dispute the above-noted transaction(s). In order to assist you, please provide us with the following information and return this form to the address below. If you have not already done so, you may wish to contact the merchant directly to resolve this matter and provide the merchant’s response below.

**IMPORTANT: Please answer each question to better enhance our ability to assist you with this dispute.**

What amount of the transaction(s) are you disputing due to the quality of the product/services? $__________

Describe in detail the problem with the product or services you received or how the product/service was defective.

_______________________________________________________________________________________________________________________________________________________________________________________________________________________

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When you contacted the merchant(s), what was the response(s)?

_______________________________________________________________________________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________________________________________________________________________

Name of person(s) with whom you spoke: _______________________________

Contact date(s): ____________________________
On what day did you return the merchandise or cancel the service? ____________________________

Our ability to help you with a claim of poor quality will be greatly affected by how well you can document your position. You can do this by providing a copy of a letter from another reputable merchant or service provider supporting your claim. If the merchant caused damage, provide documentation that supports the cost of replacing merchandise. Also include copies of any related documents, such as sales slip, invoice, work order, or merchant response.

I made a transaction with the merchant, but the quality of the product/services I received was poor or defective. I have attempted to resolve this matter with the merchant; however, no adjustment has posted to my account. I am enclosing copies of all documents I have to support my dispute. I certify that the information I have provided about this matter is correct.

Signature ___________________________________________________________ Date __________________________

Best phone number and time to reach you to discuss your dispute

Phone (______) ___________________________ Time __________________________

Please include time zone (ex: 6pm - 10pm EST)

Email (optional) __________________________________________________________

Please fax or mail your completed form to:
JPMorgan Chase Bank, N.A.
P.O. Box 182918
Columbus, OH 43272-2918, USA
Fax: 877.875.1856