



FEE DISPUTE

Date: _____

To: Card One International _____

From (Authorized Signer): _____

Company Name: _____

Merchant ID Number: _____

Telephone: _____

Fax: _____

We hereby request that Card One reverse the following fee(s) listed below:

Fee Date:	Fee Type:	Fee Amount \$
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State reason for request and provide any attachments indicating assessment has occurred (e.g., copy of Bankcard Statement).

Authorized Signature: _____
 Print Name: _____
 Date: _____

Instructions: Complete form and fax to (310) 826-5100.

Note: A Card One representative will review request and make contact within 5-business days.