



# DISPUTE/PRE-ARBITRATION CASE: QUESTIONNAIRE

## CDS USE ONLY

DBA		MID	
Address			

Case#			
Transaction Amount		Transaction Date	
Credit Card		Last 4 Digit	

## BUSINESS USE ONLY

### 1. CUSTOMER(CARDHOLDER) INFORMATION

Customer Name		Contact Number	
Billing Address			
Regular Customer?	*If yes, since when? *Does a customer have other card(s) number and if yes, please provide:		
How to Contact with Customer?	*Contact Information:		

### 2. ORDER INFORMATION

Order Type		Order Date	
Authorization Form?			
What's Your Refund Policy?			
Refund Policy Disclosed?		How is it disclosed?	

Please fill out the form and send it back to us via fax(213-201-9352) or email([disputeresolution@cdsus.com](mailto:disputeresolution@cdsus.com)).



<b>Signature Obtained for Refund Policy?</b>		<b>If no, do you have other proof that customer agrees?</b>	
<b>Order Confirmation Email or Mail Sent?</b>	*If yes, please provide the sent date:		

### 3. SHIPPING INFORMATION

<b>Shipping Method</b>		<b>Shipping Date</b>	
<b>Shipping Address</b>			
<b>Tracking Number</b>			
<b>Delivered Date</b>		<b>Signed by</b>	
<b>If other, do you have other proof that merchandise was delivered to customer?</b>			

### 4. OTHER INFORMATION

<b>Complaints from Cardholder?</b>		<b>Date of Complaints (Please provide all the dates that customer contacted)</b>	
<b>How Customer Contacted?</b>			
<b>What complaints?</b>			

### 5. COMMENT (OPTIONAL)

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