AFFIDAVIT OF UNAUTHORIZED USE

I/We, in the country of	, state of	, herein declare that; as of
,,,	my/our credit card was:	
1. □Lost 2. □Stolen 3. □Never re	eceived in the mail 4. Account number used	d fraudulently/credit cards in my possession
Please provide an explanation of how yo	ou think these charges were made:	
D ' 11 11		
Home telephone:	Work telephone:	
List names and addresses of all authoriz		
Location card(s) lost/stolen		
City	State	
How was your card lost/stolen?		
Was a police report filed?		
was a ponce report med:		y of your billing statement and circle the
Are there unauthorized charges?	disputed charges.	y of your ording statement and each inc
Was the back of the card(s) signed?		
List the name and address of the person((s) you believe may have made these unauthoriz	red charges
Are you familiar with the merchant(s) w	here the card was used?	
· · ·		
Additional information to assist with inv		
I/We believe that all charges made after t	he above reported date of my Visa Credit Card a	and bearing my signature or the signature of
	lit Card following the date reported above, are an	
I/We further agree that any information reprosecutorial agency.	elating to the unauthorized use of this account m	nay be provided to any investigative or
Primary cardholder's signature:		Date:
Authorized user's signature:		Date:
Authorized user's signature:		Date:
Witnessed by:		_ Date:
*This affidavit does not require notarization. (Additional user signatures may be listed on the back	·k)	

Return this form to: US Postal Service **ATTN: Credit Card Disputes Processing**

P.O. BOX 182477

COLUMBUS, OH 43272-4935