

## **Charge Dispute Form**

Please complete this form if you are disputing a charge that has posted to your credit or debit card. If you are requesting a refund for premiums and/or service fees because you did not authorize enrollment in the protect on program, Likewize Device Protection on will only provide a pro-rated refund for the current month of service. You must dispute any remaining charges with your bank or Credit Card Company for reimbursement of those charges.

1. Please provide all of the following information and sign the form where indicated.		
S	Subscriber Name:	
٧	Wireless Provider:	
	Mobile Device Number (on account):	
D	Daytime Contact Number:	
Д	Amount(s) Disputed: \$	
Д	Any refunds applied (if applicable): \$	
Credit Card Information		
C	Credit Card Company/Bank Name:	
N	Name on Card:	
	First 6 digits:	
L	ast 4 digits:	
2. Check the description most appropriate to your dispute. a. Device is enrolled in a separate protection program		
_	b. Device was returned	
_	c. Device is no longer in-use	
_	d. Service with your wireless provider has been car	ncelled
receipts,	e provide supporting documentation of the disputed character, copies of the relevant billing statements, correspondents and/or notarized documents, as may be requested by	nce, or any other information, such as
4. Email	the Charge Form and supporting documentation to es	calations@likewize.com
5. Once we receive this form and the supporting documentation, Likewize Device Protection will contact you within 1-2 business days between the hours of 8:00 a.m. – 5:30 p.m. EST.		
Subscrib	per Signature:	Date: