



## Merchant Invoice Dispute Form

### LOCATION INFORMATION

Location Name Location ID  
 Contact Name Title  
 Email Address Phone Number

### DISPUTE DETAILS

Part of the transaction needs to be reversed  Entire transaction needs to be reversed

Please select a reason:

Duplicate  Charged in error  Paid with an alternate method  Other

Explanation:

|   |  |                               |                               |                         |                            |
|---|--|-------------------------------|-------------------------------|-------------------------|----------------------------|
| <b>Transaction Date:</b>                      |  | <b>Invoice Number:</b>        |                               | <b>Authorization #:</b> |                            |
| <b>Card #</b>                                 |  |                               | <b>Driver's Company Name:</b> |                         |                            |
| <b>Driver ID #</b>                            |  | <b>Unit #</b>                 | <b>Trailer #</b>              |                         | <b>Odometer/Hubometer:</b> |
| <b>**REQUIRED INFO FOR Z-CON TRANSACTION:</b> |  |                               |                               |                         |                            |
| <b>VIN#:</b>                                  |  | <b>DRID:</b>                  |                               | <b>UNIT:</b>            |                            |
| <b>Truck Fuel Gallons/Litres</b>              |  | <b>Price per Gallon/Litre</b> |                               | <b>Total \$</b>         |                            |
| <b>Reefer Fuel Gallons/Litres</b>             |  | <b>Price per Gallon/Litre</b> |                               | <b>Total \$</b>         |                            |
| <b>Other Fuel Gallons/Litres</b>              |  | <b>Price per Gallon/Litre</b> |                               | <b>Total \$</b>         |                            |
| <b>Cash Advance Amount</b>                    |  | <b>Other (please specify)</b> |                               | <b>Invoice Total \$</b> |                            |

Your claim cannot be processed without receipt copy and/or supporting documentation. Additional documentation may be requested to resolve claim.

Email Completed From to [claims@efsllc.com](mailto:claims@efsllc.com)