

Kortholders reklamasjon, ikke mottatt vare, dobbelt belastet etc. Cardholder Certification, Dispute

(Vennligst bruk blokkbokstaver / Please use capital letters)

Kortnummer (Kun de første 4 og siste 4 sifre) / Cardnumber (Only the first 4 and last 4 digits):	Utløpsdato / Expires end:
Kortholders navn / Cardholder's name:	
E-mail:	Telefon / Phone:

Kryss av det som passer og legg ved dokumentasjon når det er mulig.
Tick off as appropriate and enclose documentation when possible.

<input type="checkbox"/> Jeg har forsøkt å løse tvisten med forhandleren per epost / brev / tlf (obligatorisk unntatt for minibank). I have attempted to resolve the dispute with the merchant by e-mail / letter / phone.																				
<input type="checkbox"/> Dette kjøpet ble betalt på annen måte (dokumentasjon må vedlegges). This purchase was paid by other means (supporting documentation required).																				
<input type="checkbox"/> Jeg har kansellert dette kjøpet den / I have cancelled this purchase / agreement on: <table style="width: 100px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> (DDMMÅÅ) per epost / brev / tlf. / (DDMMYY) by e-mail / letter / phone																				
<input type="checkbox"/> Er du uenig i transaksjonen(e) fordi vilkårene for gjentakende transaksjon IKKE var tydelige og var adskilte fra de generelle salgsvilkårene? / Do you dispute the transaction(s) because the recurring transaction terms and conditions, were NOT clear, separate and distinct from the general terms and condition of the sale? <input type="checkbox"/> Ja / Yes <input type="checkbox"/> Nei / No																				
<input type="checkbox"/> Jeg har returnert varen(e) den / I have returned the merchandise on: <table style="width: 100px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> (DDMMÅÅ / DDMMYY) Varen(e) ble mottatt / The merchandise was received on: <table style="width: 100px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> (DDMMÅÅ / DDMMYY) og returnert fordi / and returned because: _____ _____																				
<input type="checkbox"/> Jeg har ikke mottatt tjenester / varer som jeg skulle motta den / I have not received purchased services / merchandise as agreed on: <table style="width: 100px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> (DDMMÅÅ / DDMMYY) Beskriv tjenesten / varen (størrelse, farge, merke) / Describe service / merchandise (size, color, brand): _____																				
<input type="checkbox"/> Feil i minibank. Jeg forsøkte å ta ut penger, men mottok ingenting eller bare deler av beløpet / ATM error. I requested cash but received nothing or only partial amount: _____ (beløp og valuta mottatt / amount and currency received)																				
<input type="checkbox"/> Feil beløp. Jeg har blitt belastet / Incorrect amount. I have been charged: _____ (beløp og valuta / amount and currency) Korrekt beløp er / The correct amount is: _____ (beløp og valuta – se vedlegg / amount and currency – enclosed)																				
<input type="checkbox"/> Bilutleie eller hotell har etterbelastet mitt kort uten min tillatelse. Car rental or hotel has processed a delayed or amended charge without my consent.																				

