



**Mansfield Oil Company**  
**1025 Airport Parkway, S.W.**  
**Gainesville, GA 30501**  
**Phone: (678) 450-2125**  
**Fax: (678) 450-2325**

## Transaction Dispute Form

SC Dispute Number  
**SC -**

If you have a transaction appearing on your statement which you believe is in error, please complete and sign this form and return it to: Mansfield Oil Company, Attn: Shared Services, 1025 Airport Parkway SW, Gainesville GA, 30501-6833. You may also return this form to fax # (678) 450-2331. **DO NOT SEND TO LOCKBOX.**

We must receive your dispute information in writing no later than 45 days from the date of the statement on which the error or problem has occurred, otherwise the dispute will not be reviewed for issuance of credit.

**Single Transaction: ONLY ONE DISPUTE FORM PER TRANSACTION.**

1. Card /Acct.#:	6. Invoice# & Statement Date:
2. Time:  _____ Date:  _____	7. Mansfield Acct.#:
3. Vehicle Card #:	8. Subdivision #:
4. Total Amount Disputed: \$ _____	9. Agency Name
5. Invoice #:	

**Please select ONE of the following:**

- \_\_\_\_\_ 1. I certify that the charge listed above was not authorized by me, pursuant to our Fleet Card agreement.  
**Please provide reasons in "comments" below.**
- \_\_\_\_\_ 2. I am expecting credit to my account because \_\_\_\_\_  
**Please provide the merchant's written confirmation of credit.**
- \_\_\_\_\_ 3. The gallons charged were incorrect. The sales slip was increased from \_\_\_\_\_ gallons to \_\_\_\_\_ gallons.  
**Please provide a copy of the sales slip, which shows the correct amount.**
- \_\_\_\_\_ 4. I was billed for charges made on a card that does not belong to my account.
- \_\_\_\_\_ 5. Other: Please provide a detailed explanation of the dispute below.
- \_\_\_\_\_ 6. Product Code Dispute. **Please provide a valid receipt of purchase.**

**Comments:**

(Please attach necessary backup information to this sheet to support the specific details.)

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(Please use an additional sheet of paper if more space needed)

\_\_\_\_\_ \_\_\_\_\_  
 Contact – Signature Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_ (work) \_\_\_\_\_ (fax) \_\_\_\_\_ (email)