



**IDEMIA**  
augmented identity

**CUSTOMER AUTHORIZATION ACCOUNT DISPUTE FORM**

IF HAND WRITING, PLEASE PRINT LEGIBLY

Current Date:

Customer Account Number:	Customer Account Name:
Customer Contact:	Customer Contact Phone Number:

<b>PLEASE DESCRIBE DISPUTE</b>
Signature: <span style="float: right;">Date:</span>
Printed Name: <span style="float: right;">Email:</span>

All disputes must be emailed to [disputes@us.idemia.com](mailto:disputes@us.idemia.com) or faxed to (952) 945-3326.

All disputes will processed in the order received.

Please allow a 20 business day research period in order to resolve your billing issue.

Please do not send duplicate requests, as doing so WILL cause delay in resolution of your billing issue.

Billing disputes should be submitted immediatly. Any disputes received 6 months past occurance will be rejected.

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**IDEMIA INTERNAL USE ONLY**

**Dispute Closed:**    Yes        No        **Dispute Closed Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Billing Accounts Dept. Notes:**