

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>I have attempted to resolve the dispute with the merchant by e-mail / letter / phone.</i>																								
<input type="checkbox"/> Dette kjøpet ble betalt på annen måte (dokumentasjon må vedlegges). <i>This purchase was paid by other means (supporting documentation required).</i>																								
<input type="checkbox"/> Jeg har kansellert dette kjøpet den / <i>I have cancelled this purchase / agreement on:</i> <table border="0"> <tr> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; 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? / <i>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?</i> <input type="checkbox"/> JA / YES <input type="checkbox"/> NEI / NO																								
<input type="checkbox"/> Jeg har returnert varen(e) den / <i>I have returned the merchandise on:</i> <table border="0"> <tr> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> </table> (DDMMÅÅ / DDMMYY) Varen(e) ble mottatt / <i>The merchandise was received on:</i> <table border="0"> <tr> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> </table> (DDMMÅÅ / DDMMYY) og returnert fordi / <i>and returned because:</i> _____ _____																								
<input type="checkbox"/> Jeg har ikke mottatt tjenester / varer som jeg skulle motta den / <i>I have not received purchased services / merchandise as agreed on:</i> <table border="0"> <tr> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> </table> (DDMMÅÅ / DDMMYY) Beskriv tjenesten / varen (størrelse, farge, merke) / <i>Describe service / merchandise (size, color, brand):</i> _____																								
<input type="checkbox"/> Feil i minibank. Jeg forsøkte å ta ut penger, men mottok ingenting eller bare deler av beløpet / <i>ATM error. I requested cash but received nothing or only partial amount:</i> _____ (beløp og valuta mottatt / <i>amount and currency received</i>)																								
<input type="checkbox"/> Feil beløp. Jeg har blitt belastet / <i>Incorrect amount. I have been charged:</i> _____ (beløp og valuta / <i>amount and currency</i>) Korrekt beløp er / <i>The correct amount is:</i> _____ (beløp og valuta – se vedlegg / <i>amount and currency – enclosed</i>)																								
<input type="checkbox"/> Bilutleie eller hotell har etterbelastet mitt kort uten min tillatelse. <i>Car rental or hotel has processed a delayed or amended charge without my consent.</i>																								

