

Invoice Dispute Form

Please use this form if you are disputing a charge to your account. We must have your dispute in writing/email within 60 days of the invoice date in order to be valid.

INSTRUCTIONS

1. Complete the form
2. Please return the signed form to SmartChoice via email billing@smartchoiceus.com.

COMPANY ACCT NAME:	
COMPANY ACCT NUMBER#:	
DATE OF DISPUTE:	
INVOICE#:	
AMOUNT OF DISPUTE:	
CONTACT NAME:	
CONTACT TELEPHONE#:	

Please read each of the following descriptions and check the box that most appropriately fits your dispute. The dispute form must be filled out completely and emailed back to SmartChoice within 60 calendar days of the mailing date of your invoice.

I have not authorized this charge. I have not ordered the services listed by either phone or email

I have been billed the wrong amount (please explain below)

Service outage issues

Call quality issues

International calling issues

If none of the reasons above apply, or if you need to further detail the reason for this dispute, please briefly summarize below

THE COMPANY NAMED ABOVE. I UNDERSTAND THAT SMARTCHOICE HAS 60 DAYS FROM THE DATE OF RECEIPT OF THIS DISPUTE TO INVESTIGATE THIS CLAIM, AND THAT I MUST PAY ANY OUTSTANDING BALANCES, BUT CANNOT WITHHOLD THE DISPUTED AMOUNT. FURTHERMORE, I UNDERSTAND THAT ANY OUTSTANDING BALANCES MUST BE PAID IN FULL BEFORE A CREDIT WILL BE ISSUED. A SMART CHOICE COMMUNICATIONS MAY CONTACT ME ONCE THE DISPUTE HAS BEEN RESOLVED, OR IF THE DISPUTE INVESTIGATION REQUIRES ADDITIONAL TIME. THE APPROVED, DISPUTED AMOUNT WILL BE REFLECTED ON YOUR FOLLOWING MONTH'S INVOICE.