Notice of Billing Error

Your name Today's Date

Address

City, State Zip

Company Name

Attn: Supervisor’s Name

Street Address

City, State, Zip Code

Re: Credit Report No.

To whom it may concern:

I am disputing the entire balance on the above referenced account. I request that you provide documentation that I agreed to pay the charges on this account, as I do not recollect doing so or have record of the charges related to this account.

**OR**

I am disputing the entire balance on the above referenced account. I request that you provide documentation that I agreed to pay the charges on this account, as I did not receive the merchandise or services related to the charges on this account.

Regards,

Signature

[Your name]