





# Visa Liability Waiver

## Visa Commercial or Business Card Affidavit of Waiver Claim Form (cont.)

Issuer			
This form <b>must</b> be filed with the Program Underwriter within 180 days of Notification of Termination.			
Issuer Information			
Issuer Name		Amount of Transactions Submitted by the Company (1) \$ _____	
Street Address		Amount Recovered to Date (2) \$ _____	
City	State	ZIP	Total Amount Claimed (Lines 1-2) \$ _____
Contact Person		<i>Must Be Equal To or Less Than Amount Claimed by Company (Line 1)</i>	
Contact Phone		<b>Credit Cards Only:</b>	
Total Number of Valid Company Accounts		Cardholder's Credit Limit \$ _____	
Collection Information		Is the Company Responsible for Charges under the Company Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Collection Agency		Is the Cardholder Responsible for Charges under the Cardholder Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Is this Claim the Result of a Lost/Stolen Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP	If Yes, Date Reported _____
Contact Person		Is this Claim the Result of a Bankruptcy/Insolvency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Phone		If Yes, Date Declared _____	
Date Assignment Made (MM/DD/YY)		<b>Credit Cards Only:</b>	
Date Account Cancellation Request Received (MM/DD/YY)		Has the cardholder sent a check for payment on this account within the last 12 months which was uncollectible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Account Cancellation on Base (MM/DD/YY)		<i>Please refer to the complete description of program requirements in the Visa Liability Waiver Program Client Kit and Program Outline.</i>	
		Date Affidavit of Waiver Claim Form Received (MM/DD/YY)	
Recovery of Funds Certification			
I certify that should any amount be recovered by _____ (Financial Institution) or any other source with respect to Waivable Charges, we agree to use these funds to reduce the Waivable Charges and/or the amount of any claim filed with the Visa Liability Waiver Program, or if the claim payment has previously been submitted to us, we shall return such amounts to the Program Underwriter for Visa claims.			
I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE.			
Signature _____		Date _____	
Printed Name _____		Title _____	
Claim Processing Checklist (Prior to Submission)			
<b>You Must:</b> <input type="checkbox"/> Complete every question on this form (incomplete forms will be returned) <input type="checkbox"/> Sign and date this form			
<b>Attach:</b>			
<input type="checkbox"/> Account Cancellation Request Proof		<input type="checkbox"/> Cardholder Agreement with Financial Institution	
<input type="checkbox"/> Company Agreement with Financial Institution		<input type="checkbox"/> Detailed Description of Collection Efforts	
<input type="checkbox"/> Statement/Print Screens with billing date, balance, and account termination date highlighted			
<input type="checkbox"/> For claims over \$5,000, proof of reimbursement in cases where the employee was reimbursed but failed to pay the Issuer. (Examples of proof would include expense reports or canceled checks.)			

**Note:** At any time, Visa and/or its Program Underwriter may request further documentation regarding proof concerning the charges in question.

**Please Send To:** Visa Program Underwriter, c/o Liability Waiver – ESIS, P.O. Box 5129, Scranton, PA 18505-0568  
Phone: (888) 518-5665 Fax: (800) 503-7107 Email: liabilitywaiverprogram@esis.com

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