

Business Name: _____

Unauthorized Use Affidavit

(1) Date: _____

Victim Information:

(2) Full Business Name: _____

(3) Account Number: _____

(4) Current Business Address: _____

City: _____ ST: _____ Zip: _____

(5) Authorized Contact: _____

(6) Phone Number: (_____) _____

(7) Email Address: _____

How The Abuse Occurred:

Check all that apply for items 7 - 13:

(7) Card number(s) _____ were lost or stolen from our possession on or about _____.
(Day/Month/Year)

(8) The victim identified above did not participate in or receive any benefit or proceeds from the purchases that occurred after the above-listed date.

(9) To the best of my knowledge and belief, the following person(s) was responsible for the unauthorized use of the card(s).

Name (if known)

Name (if known)

Address (if known)

Address (if known)

Additional Information (if known)

Additional Information (if known)

(10) The individual(s) responsible for the unauthorized use of the card(s) was never employed by the victim identified above at any time.

(11) The individual(s) responsible for the unauthorized use of the card(s) was employed by the victim identified above.

His/her employment began on: _____ and ended on: _____.
mm/dd/yy mm/dd/yy



We see corporate payments differently.

Business Name: _____

(12) The individual(s) responsible for the unauthorized use of the card(s) was never given the authority to conduct purchases on the account.

(13) I do NOT know who used the card(s) to make the disputed purchases on the account.

(14) Additional comments: _____

(attach additional pages as necessary)

Fraudulent Use Statement:

(15) As a result of the events described above, fraudulent use occurred as follows:

Card Number	Date Abuse Began	Date Abuse Ended	Amount/Value of the Abuse

Victim's Law Enforcement Actions:

(16) (check one) We are are not willing to assist in the prosecution of the person(s) who committed the fraud.

(17) (check one) We are are not authorizing the release of this information to law enforcement for the purposes of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

(18) (check all that apply) We have have not reported the events described in this affidavit to the police or other law enforcement agency. The police did did not write a report. *In the event that you have contacted the police or other law enforcement agency, please complete the following:*

Agency #1

Officer / Agency Personnel Taking Report

Date of Report

Report Number (if any)

Phone Number

Email Address (if any)



Business Name: _____

Agency #2

Officer / Agency Personnel Taking Report

Date of Report

Report Number (if any)

Phone Number

Email Address (if any)

Affidavit Signature:

I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. By submitting this Affidavit, you agree to indemnify WEX, Inc. for any costs, liabilities, or damages that may be incurred as a result of any false or misleading information provided herein.

Signature

Date Signed

Prior to returning this affidavit please ensure the following is completed:

- *Fill out each section; including card number(s), date range, and disputed amount.*
- *Sign and date the affidavit.*

Return by fax: 207-791-1655,

Email: disputes@fleetfraudservices.com ,

Or mail to:

*Fleet Fraud Services
97 Darling Avenue
South Portland, ME 04106*



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