Customer Billing Dispute Form

Customer Contact Information:	
Name:	E-mail:
Telephone #:	Fax #:
Address:	

Dispute Information:		
Date (yyyy-mm-dd)	Customer Number: (Customer Account Number from statement)	Customer Name :
Statement Number(s):		Disputed Amount:
Statement Date(s): From: To:		Amount withheld from invoice payment:
Dispute Charge Type (Usage/Recurring/Non Recurring):		
Reason for the dispute:		
Additional dispute information (e.g., telephone numbers, circuit numbers, etc.)		
		Control #

Please email completed form to info@vividnetworks.com or fax to 406.294.9694.

Questions? Phone: 1.866.94.VIVID

All non-disputed charges are due and payable within the terms of your contract.