

**MyShopDiscounts™ Initial Dispute Notice**

First Name:\* \_\_\_\_\_

Last Name:\* \_\_\_\_\_

Street Address:\* \_\_\_\_\_

City:\* \_\_\_\_\_

State:\* \_\_\_\_\_

Zip Code:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Telephone Number:\* \_\_\_\_\_

Description of Dispute:\* \_\_\_\_\_

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Desired Outcome: \_\_\_\_\_

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\_\_\_\_\_

Mail or Email Notice to: MyShopDiscounts.com  
2966 Ave U Suite 159  
Brooklyn, NY 11229

(\*Required fields)