CARD NUMBER			
I, First and Last name	, residing at S	treet Address	_, in the county of
	, state of	herein declare that	
My Credit Card, descri	bed above, was at the time of	the transactions	
Never applied for c I have not used this Cre advance, or for any oth have I given consent, n said Credit Card/Accor benefit, directly or indi	edit Card/Account Number for her purpose. I have not authorition do I have knowledge of im- tunt Number. I have not, and warectly, from the fraudulent transactions, telephore	or the purchase of merch ized anyone else, orally aplied consent, to use or will not, receive goods, so ansactions listed below.	or in writing, nor have possession of ervices, or other wise
purported signature, or	the purported signature of pe	rson(s) authorized to us	e my Credit
purported signature, or Card/Account Number I further agree that any	, are and will be forgeries. information relating to the ur	nauthorized use of this a	•
purported signature, or Card/Account Number I further agree that any provided to any investi Below, I have listed tra	, are and will be forgeries.	nauthorized use of this a y. Tied were not made by n	ccount may be
purported signature, or Card/Account Number I further agree that any provided to any investi Below, I have listed tra	, are and will be forgeries. information relating to the urgative or prosecutorial agency	nauthorized use of this a y. Tied were not made by n	ccount may be ne or by anyone acting
purported signature, or Card/Account Number I further agree that any provided to any investi Below, I have listed traupon my authority or w	, are and will be forgeries. information relating to the urgative or prosecutorial agency ansaction(s) that I have identify the my consent or knowledge	nauthorized use of this a y. Tied were not made by n	ccount may be ne or by anyone acting
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Location:	ort with the following of c	wing law enforcement agency: contact spoken with:	, Phone:
Case / ID Number: _			
Executed at (city or	town)	, in the county o	of
		day of	
Primary cardholder's	s signature:		
Secondary card hold	er's signature:		
Home Phone:		Business Phone:	
All other authorized	account users (if	none, check here :	
Signature:			
Signature:			
Witnessed by:			
		ler penalty of perjury, doe	
Comments:			
DI di G			
Please return this for	m by:		
Mail: Fraud Department	Fax: 515-457-2	074	

Po Box 14542
Des Moines, IA 50306