

T-Mobile Fraud Management

12819 SE 38th Street # 89

Bellevue, WA 98006

FAX: 1-813-353-6363

Collection Dispute for Alleged Fraudulent Activity

T-Mobile Account Number: _____

Victim's Social Security Number: _____

Victim's Name: _____

Victim's Mailing Address: _____

Contact Number: _____ Email: _____

Reason for Dispute: _____

Attach Police Report: In addition to the above information Fraud Management requires a police report for ID theft be included. The police report must specifically list T-Mobile in the narration, and include any suspects of the alleged fraud. Please do not send the documents separately as this may delay resolution.

Please carefully read the following statement before signing.

By signing this document I certify I did not establish or authorize the above account and all of the information provided above is accurate and true. By signing this document I accept all the terms outlined in this document, and I understand that any modifications made to this agreement may void my claim and result in my dispute being denied by T-Mobile. Upon receipt of this document, I understand that T-Mobile will investigate the account to determine its validity. If it is determined that the account was established fraudulently, I agree to assist in any prosecution necessary to recover the losses associated with the fraudulent activity.

Upon conclusion of the investigation I understand that T-Mobile will pursue payment in full from the responsible party.

Signature: _____

Date: _____

