Telecom Billing Dispute Form

| Account Name |
|------------------------------|
| |
| Account Number |
| |
| Billing Period |
| |
| Contact Email |
| |
| Phone Number |
| |
| Dispute Type |
| Invoice Number |
| |
| Amount Disputed |
| · |
| Dispute Description |
| |
| |
| Attachments |
| |
| Choose File No file selected |