

## T-Mobile Fraud Management

12920 SE 38<sup>th</sup> Street  
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:** \_\_\_\_\_

