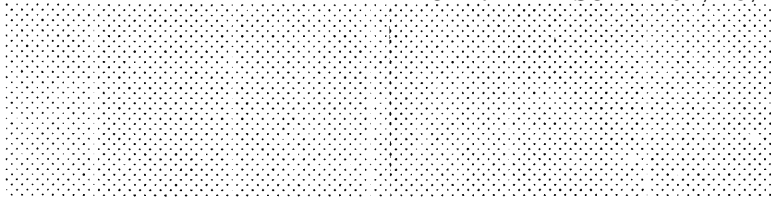


EXHIBIT C

NYSCEF DOC. NO. 12

RECEIVED NYSCEF: 01/18/2019

MERCHANT SERVICES
PO Box 6010
HAGERSTOWN, MD 21741-6010



0002852

AXCESSO & CO. INC.
15 PARKVILLE AVE
BROOKLYN, NY 11230-1011



**DISPUTE
SUMMARY**

Faxed to:

12-04-2018
(MM/DD/YYYY)

AXCESSO & CO. INC.
15 PARKVILLE AVE
BROOKLYN, NY 11230-1011



The following is a summary of the chargebacks processed on

12-04-2018
(MM/DD/YYYY)

If you wish to contest any of these transactions, please respond using the corresponding Chargeback Response form by designated Due Date. Please do not return this summary form with your response.

Attached are documents related to chargeback transactions processed by Merchant Services.

Please carefully review each document. If you wish to contest these transactions, please follow the instructions noted on each form.

Summary

	Item	Amount
Chargebacks		
Reversals		
Total Adjusted Amount*	0	0.00

*The total adjusted amount does not include the Non-Financial items listed in the section below.

Merchant Number	Case Number	Reference Number	Ticket/Cardholder Number	Reason Code	Amount
Non-Financial Activity					
Pre-Chargeback					
000005189933203726	219222775	85189938229700768944020	371588XXXXX1006	15	29000.00
000005189933203726	219222783	85189938233700768940330	372727XXXXX2000	15	36000.00

NYSCEF DOC. NO. 12

MERCHANT SERVICES

Merchant Information Request

PO Box 6010
HAGERSTOWN, MD 21741-6010
USA

*****TIME SENSITIVE DOCUMENT***
IMMEDIATE RESPONSE REQUIRED**

12/04/2018 (mm/dd/yyyy)

AXCESSO & CO. INC.
15 PARKVILLE AVE
BROOKLYN NY 11230-1011
US

A dispute has been initiated by the issuing bank (below). If you wish to contest the dispute, your response must be:
Received No Later Than
12/08/2018 (mm/dd/yyyy)
Failure to respond by the requested due date with a valid remedy may result in a financial adjustment to your account.

Faxed to:

Jurisdiction:
Dispute Type: PRE-CHARGEBACK
Reason: Non-receipt of goods or services
Case Number: 219222775
Adjustment Amount: 29000.00

Original Transaction Detail Information

Merchant Number:	00000518993320372659	Credit Card Number:	371588XXXXX1006
Transaction Date (mm/dd/yyyy):	08/17/2018	Reference Number:	85189938229700768944020
Transaction Amount:	29000.00	Foreign Amount:	0.00
Merchant Xref:		Airline Ticket Number:	
Total Batch Amount:		Batch Date (mm/dd/yyyy):	
Card Product Type:		Transaction Method:	
Invoice Number:		MCC:	8071

Case Summary

A dispute has been initiated by American Express

Comments:

Complete the information requested on the back side of this form. Follow all instructions.

Fax your response to: 402-933-1525

Help us save energy, money and the planet through electrification of paper correspondence. If you are interested in "going green", call the Merchant Services number provided to find out more about our web based Dispute Manager tool.

Merchant Name: AIM DENTAL LAB
Merchant Number:
Case Number:
Transaction Date: 08/17/2018 (mm/dd/yyyy)
Dollar Amount: 29000.00

The following information is being provided so that it may assist you in providing the issuing bank with your response as required by American Express regulations.

Issuer Comments:

[Empty text box for Issuer Comments]

Association Comments:

[Empty text box for Association Comments]

Additional Information:

Our mutual customer has requested credit for merchandise that was not received from your establishment. Please issue credit or send us signed proof of delivery.



Help us save energy, money and the planet through electrification of paper correspondence. If you are interested in "going green", call the Merchant Services number provided to find out more about our web based Dispute Manager tool.

NYSCEF DOC. NO. 12

MERCHANT SERVICES

Merchant Information Request

PO Box 6010
HAGERSTOWN, MD 21741-6010
USA

*****TIME SENSITIVE DOCUMENT***
IMMEDIATE RESPONSE REQUIRED**

12/04/2018 (mm/dd/yyyy)

AXCESSO & CO. INC.
15 PARKVILLE AVE
BROOKLYN NY 11230-1011
US

A dispute has been initiated by the issuing bank (below). If you wish to contest the dispute, your response must be: Received No Later Than 12/08/2018 (mm/dd/yyyy) Failure to respond by the requested due date with a valid remedy may result in a financial adjustment to your account.

Faxed to:

Jurisdiction:
Dispute Type: PRE-CHARGEBACK
Reason: Non-receipt of goods or services
Case Number: 219222783
Adjustment Amount: 36000.00

Original Transaction Detail Information			
Merchant Number:	00000518993320372659	Credit Card Number:	372727XXXXX2000
Transaction Date (mm/dd/yyyy):	08/21/2018	Reference Number:	85189938233700768940330
Transaction Amount:	36000.00	Foreign Amount:	0.00
Merchant Xref:		Airline Ticket Number:	
Total Batch Amount:		Batch Date (mm/dd/yyyy):	
Card Product Type:		Transaction Method:	
Invoice Number:		MCC:	8071

Case Summary

A dispute has been initiated by American Express

Comments:

Complete the information requested on the back side of this form. Follow all instructions.

Fax your response to: 402-933-1525

Help us save energy, money and the planet through electrification of paper correspondence. If you are interested in "going green", call the Merchant Services number provided to find out more about our web based Dispute Manager tool.

Merchant Name: AIM DENTAL LAB
Merchant Number:
Case Number:
Transaction Date: 08/21/2018 (mm/dd/yyyy)
Dollar Amount: 36000.00

The following information is being provided so that it may assist you in providing the issuing bank with your response as required by American Express regulations.

Issuer Comments:

[Empty text box for Issuer Comments]

Association Comments:

[Empty text box for Association Comments]

Additional Information:

Our mutual customer has requested credit for merchandise that was not received from your establishment. Please issue credit or send us signed proof of delivery.



MERCHANT SERVICES

PO Box 6010
HAGERSTOWN, MD 21741-6010
USA

11/16/2018 (mm/dd/yyyy)

AXCESSO AND CO INC
2162 58TH ST
BROOKLYN NY 11204-2013
US

DISPUTE NOTIFICATION

Dispute Type:

FIRST CHARGEBACK

A financial adjustment has been made to your account as a result of a dispute. If you wish to contest, your response must be received no later than: 11/30/2018 (mm/dd/yyyy)

Issuer: American Express
Case Number: 618320011501
Adjustment Amount: 17800.00
Reason: C08 / Non Receipt of Merchandise/Services

Original Transaction Detail Information

Merchant Number:	00000512178370101628	Credit Card Number:	371588XXXXX1006
Card Product Type:	American Express	Transaction Amount:	17800.00
Batch Date (mm/dd/yyyy):		Transaction Date (mm/dd/yyyy):	08/17/2018
Invoice Number:		Alternate Amount:	0.00
Merchant Xref:	851217882297000531022800118800	Transaction Method:	Mail Transaction
Reference Number:	851217882297000531022800118800	POS Entry:	
Airline Ticket Number:		MCC:	
Custom Data:	SYS/PRIN: 1392/3700		

DO NOT ISSUE CREDIT! The cardholders account has been credited as a result of this chargeback. If you previously issued credit, please provide the date and amount of the credit.

When responding to this dispute, follow all instructions on the back of the form.

Comment: To refute this chargeback, please provide a rebuttal addressing all of the cardholder's concerns. 1)A copy of the transaction documentation signed by the cardholder, 2)Provide proof that cardholder did not cancel services according to the cancellation policy, 3)Proof that credit was issued to the cardholder, 4)Proof of delivery that goods/services were delivered to requested shipping address.

Dispute Alert: Visa requires acknowledgement of all disputes whether refuting or accepting liability. Failure to respond may result in additional fees charged to your account. In order to respond timely we encourage the adoption of our electronic solutions. You may self-enroll in Dispute Manager at the Business Track portal (www.businesstrack.com), or speak with your Representative for eResponse.

Questions?

Call **Merchant Services** at:
800 672-5008

Contact your Representative today to manage your disputes in a more efficient, timely and secure environment.

DISPUTE RESPONSE - C04E

Merchant #: 00000512178370101628 Case #: 618320011501 Reason Code: C08 Amount:17800.00

Accept Dispute: By selecting this action, you are accepting FULL financial liability for this dispute.
Credit Issued: Credit Date (MM/DD/CCYY): ___/___/___ Credit Amount: _____

Select all conditions that apply to your response and include supporting documentation as required by the Issuer.
Please ensure the case number is written in the upper right hand corner of each page.

- 01 - Documentation to prove the cardholder is in possession of and/or using the merchandise
02 - Signed Delivery form, copy of cardholder identification as proof goods were picked up at merchant location
03 - Address Verification Method, or AVS of Y or M and proof of delivery
04 - Digital goods download, Download Date* (MM/DD/CCYY): ___/___/___ Time* (HH:MM): _____

Select at least TWO of the following and provide data:

Purchaser IP Address: _____ and Device Geographic Location: _____
Device ID: _____ and Device Name: _____
Purchaser Name: _____ and Purchaser Email: _____
Proof of Profile Setup or Application Access Supplied
Proof of Merchant Website or Application Access Supplied
Same Device and Previous Transaction on Same Card Not Disputed
ARN*: _____ Transaction Date* (MM/DD/CCYY): ___/___/___

- 05 - Delivery to cardholder at place of employment
06 - T & E Loyalty transactions related to purchase
07 - T & E Subsequent purchases made throughout service period
08 - Passenger Transport proof ticket received, scanned at gate or other information (e.g. frequent flyer miles)
09 - Evidence of one or more non disputed payments for same merchandise or service
ARN*: _____ Transaction Date* (MM/DD/CCYY): ___/___/___

Enter at least ONE of the following:

IP Address: _____ Email Address: _____
Physical Address: _____ Phone Number: _____

- 10 - Authorized signer known by the cardholder
11 - Signed Mail Order/Phone Order form
12 - Legitimate spend across multiple payment types for same merchandise
13 - Recurring contract or prior undisputed recurring transaction and proof cardholder using merchandise or service
ARN*: _____ Transaction Date* (MM/DD/CCYY): ___/___/___
14 - Signer is member of cardholder's household
15 - Flight Manifest with corresponding purchase itinerary record
Proof of Verified by Visa, MasterCard Secure Code, AMEX Safe Key, or Discover Protect Buy
AVS of Y or M and SIGNED proof of delivery to AVS confirmed address

*- Input data required if corresponding option is selected (checked off).

Merchant Name: KINGS HIGHWAY DENTAL
LABRATORY
Merchant Number: 1260527668
Case Number: 606969
Transaction Date 08/17/2018
(mm/dd/yyyy):
Dollar Amount: 17800.00

The following information is being provided so that it may assist you in providing the issuing bank with your response as required by American Express regulations.

Issuer Comments :

371588440391006 : NOH0632

Association Comments:

3G60KINGS HIGHWAY DENTA

Additional Information:

The Cardmember claims to have not received (or only partially received) the goods/services.



From: **American Express**

<AmericanExpress@welcome.aexp.com>

Date: Sat, Dec 1, 2018 at 3:04 AM

Subject: Inquiry Notice: Inquiry Reminder:
Response needed within 7 days

To: <signatureroofingny@gmail.com>

Dear sara mandel:

Please respond to this notification within 7 days to avoid a Chargeback. [View Urgent Inquiries now.](#)

Case Number	Merchant Account	Respond by	Type	Reason	Charge Amount	Disputed Amount
N006303	1318342813	12/08/2018	Non-Fraud	No knowledge(127)	\$12,000.00	\$12,000.00

To access and respond to this Inquiry please go to americanexpress.com/urgentinquiries and follow these easy steps:

1. Enter your user ID and Password.
2. A listing of all urgent Inquiries will be displayed.
3. Click on the Inquiry Number to view the corresponding Inquiry details and enter a response.

Please do not reply to this communication. If you have questions about this notification or your Merchant Account, please call us at [1-800-528-5200](tel:1-800-528-5200) and select option 3, available Monday-Friday 8am-8pm ET.

Thank you for accepting American Express® Cards in your business.

Sincerely,

American Express

[Manage Your Notification Settings](#)

OLMENOMSINQ0008



Reply



Forward