Initial Dispute Notice

First Name:* _____

Last Name:* _____

Street Address:* _____

City:* _____

State:* _____

Zip Code:* _____

Email Address:* _____

Telephone Number:* _____

Description of Dispute:* _____

_____

_____

_____

_____

_____

_____

_____

_____

Desired Outcome: _____

_____

_____

_____

_____

_____

Mail or Email Notice to: Digital Media Solutions, LLC
19 Rockland Center #69
Nanuet, NY 10954.
info@thedmsgrp.com

(*Required fields)