Initial Dispute Notice

First Name:* _____

Last Name:* _____

Street Address:* _____

City:* _____

State:* _____

Zip Code:* _____

Email Address:* _____

Telephone Number:* _____

Description of Dispute:* _____

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_____

_____

_____

_____

_____

_____

_____

Desired Outcome: _____

_____

_____

_____

_____

_____

Mail or Email Notice to: Digital Media Solutions, LLC
4800 140th Ave N. Ste 101
Clearwater, FL 33762
legal@thedmsgrp.com

(*Required fields)