

**XccelerantVentures.com 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: \_\_\_\_\_

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Mail or Email Notice to: **Xccelerant Ventures**  
**1120 Sixth Avenue, Fourth Floor**  
**New York, NY 10036**  
**contact@xccelerantventures.com**

(\*Required fields)