# Klarna Disputes Response - High-Risk Orders

This order has been identified as high risk. If possible please cancel this order. If the order was already shipped, please try to stop the order from being delivered.

If you are not able to cancel the order, please answer the questions answered in the dispute request.

| **Was the order shipped:**Mark the corresponding right column with an X |

| Yes, full order was shipped |  |
| --- | --- |
| Yes, partial order was shipped |  |
| No, order was not shipped, I will cancel the order |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **If the order was shipped:**Write a number from 1 to 10 (numeral) |

| Number of shipments made |  |
| --- | --- |

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 **Shipping Information - shipment 1**

 If you have multiple shipments please make sure to copy-paste THE shipping information section and add the information for each capture individually

| **Capture ID:**Please fill in the capture ID of the shipped order |

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| --- | --- | --- |
| **Shipping carrier:**Mark the corresponding right column with an X |

| PostNord |  |
| --- | --- |
| Bring |  |
| DHL |  |
| UPS |  |
| DB Schenker |  |
| Posten / Bring |  |
| GLS |  |
| Swipbox |  |
| Posti |  |
| Posti Packagestation Service Smartpost |  |
| Matkahuolto |  |
| Deutsche Post |  |
| Hermes |  |
| DPD |  |
| Osterreichische Post |  |
| Post NL |  |
| Kiala |  |
| Other |  |
| Order not sent |  |

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| **Shipping date:**Provide in YYYY-MM-DD format |

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| **Tracking ID:** |

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| **Have you contacted the shipping company:**Mark the corresponding right column with an X |

| Yes, and the order was delivered back to us |  |
| --- | --- |
| Yes, and the shipping company is attempting to recall the order |  |
| Yes, but the order has already been delivered |  |
| No, but we will do as soon as possible |  |
| No, but we allow Klarna do reach out to the shipping company in order to try to stop the order |  |
| Order was shipped without tracking ID and cannot be recalled |  |

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| **Comment:** |

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Please provide attachments below this line:

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