

BILLING INQUIRY FORM

*If you believe an item on your statement is in error, complete and sign this form. We must hear from you no later than 60 days after we send you the first bill on which the error or problem occurred. **Please be as complete as possible when explaining your inquiry and remember to include relevant documents. Insufficient documentation may delay the resolution of your inquiry. Also, please be sure to make a good faith effort to resolve with the merchant prior to filing a dispute.***

Primary Cardholder Name (Please Print) _____

Daytime Phone () _____

Card No. _____ - _____ - _____ - _____

Transaction Date _____

Post Date _____

Amount in question \$ _____

Merchant Name _____

**Please send completed form via
mail, fax or e-mail:
PNC
P. O. Box 2859
Kalamazoo, MI 49003-2859
Fax: 269-973-1688
E-mail: billinginquiries@pnc.com**

Primary Cardholder Signature _____ **Date** _____

Check the ONE box below that best fits your situation and supply the requested items or information.

- ___ 1. A credit was not applied to my card number. (Attach credit slip).
- ___ 2. The amount charged to my card number is incorrect. (Attach copy of the sales slip that shows the correct amount.).
- ___ 3. I certify that the charge listed above was not made by me or any person authorized by me. Nor were the goods or services for this charge received by me or any person authorized by me. I have the card in my possession. (Attach detailed letter outlining any attempts to resolve with merchant)
- ___ 4. Although I did participate in a transaction with the merchant, I was billed for additional transactions that I did not authorize. The valid charge was billed to my card number on _____(date). (Attach copy of the authorized sales slip)
- ___ 5. I have not received the merchandise that was to have been shipped to me. Expected date of delivery was _____(date). I contacted the merchant on _____(date) and the merchant's response was _____.
- ___ 6. I have (circle one) returned/cancelled merchandise on _____(date) because _____. Please provide proof of return/cancellation. If this is a hotel reservation, please provide cancellation number.
- ___ 7. Merchandise that was shipped to arrived damaged and/or defective on _____(date). I returned it on _____(date). Please provide merchant response.
- ___ 8. My card was used to secure this purchase; however, payment was made by cash, check, or other credit card. Please provide a legible copy of front and back of cancelled check, cash receipt, or card statement showing the transaction.

I have reviewed the above information for Bank action.

X _____ Date _____
Program Administrator

Daytime Phone () _____