

Billing Inquiry/Dispute 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.

Daytime Phone ()	Please send completed form via mail,
Card No	fax or email:
Γransaction Date	PNC P.O. Box 2859 Kalamazoo, MI 49003-2859 or Fax: 269-973-1688 E-mail: billinginquiries@pnc.com
Post Date	
Amount in question \$	
Merchant Name	
Primary Cardholder Signature	Date
Check the ONE box below that best fits your situatio	n and supply the requested items or information.
1. A credit for \$ was not applied to my car	rd number (Attach credit slin)
2. The amount charged to my card number is inco	
 (Attach copy of the sales slip that shows the co 3. I certify that the charge listed above was not m or services for this charge received by me or at possession. (Attach detailed letter outlining you 4. Although I did participate in a transaction with did not authorize. The valid charge was billed to authorized sales slip.) 	ade by me or any person authorized by me. Nor were the goods nyone authorized by me. The Card (circle one) is/is not in my ar attempts to resolve with merchant.) the merchant, I was billed for additional transactions, which I o my card number on(date). (Attach copy of the
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