



Bank of America **Business Advantage**
Cash Rewards

DREEMBEETLE LLC
5474 1520 8073 **0380**
November 07, 2019 - December 06, 2019

Company Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$609.62
Minimum Payment Due \$10.00
Payment Due Date 01/02/20

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:
\$19.00 for balance less than \$100.01
\$29.00 for balance less than \$1,000.01
\$39.00 for balance less than \$5,000.01
\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$629.62
Payments and Other Credits **-\$20.00**
Balance Transfer Activity \$0.00
Cash Advance Activity \$0.00
Purchases and Other Charges \$0.00
Fees Charged \$0.00
Finance Charge \$0.00
New Balance Total \$609.62

Credit Limit \$10,000
Credit Available \$9,390.38
Statement Closing Date 12/06/19
Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		DREEMBEETLE LLC		
		Account Number: 0380		
		Payments and Other Credits		
11/18	11/16	PAYMENT - THANK YOU	32083204320111800050022	- 20.00
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$20.00

0002000 0001000 0060962 5474152080730380

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

DREEMBEETLE LLC
APT 2F
125 70TH ST
GUTTENBERG, NJ 07093-3479

Account Number: 5474 1520 8073 **0380**
November 07, 2019 - December 06, 2019

New Balance Total \$609.62
Minimum Payment Due \$10.00
Payment Due Date 01/02/20

Enter payment amount

\$

For change of address/phone number, see reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

- ☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- ☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- ☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling \$ _____. that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- ☐ 4. I have not received the merchandise that was to be shipped to me on ____/____/____ (MM/DD/YY). I have asked the merchant to credit my account.
- ☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

- ☐ 6. Merchandise shipped to me arrived damaged and/or defective.
I returned it on ____/____/____ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

- ☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because

Please supply proof of return or if unable to return merchandise please explain.

- ☐ 8. I notified the merchant on ____/____/____ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

- ☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ____/____/____ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

- ☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

- ☐ 11. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly.
Enclosed is a copy of the sales slip that shows the correct amount.

- ☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____

Home Telephone: (____) _____ Business Telephone: (____) _____

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

For address/phone number changes on all accounts in your program, have the authorized contact make a request at **WWW.BANKOFAMERICA.COM**

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Finance Charge Calculation

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	0.00%	\$0.00	\$0.00
CASH	25.74% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.

Important Messages

Having trouble understanding the account numbers listed on your statement? Please refer to the "Why is my corporate account number different from my individual card number?" section at the end of this statement for additional information.

Reward Summary

Beginning Balance	19.19	Other Bonuses	.00
Earned	.00		
Redeemed	.00		
Adjustments	.00	Ending Balance	19.19

To redeem your Cash Rewards call 1.800.673.1044, or visit www.bankofamerica.com

Increase
your efficiency
by adding
employee cards

BANK OF AMERICA BUSINESS ADVANTAGE

- Delegate spending while easily controlling and monitoring card use
- Save time managing office, entertainment and travel expenses
- Set spending limits on each employee card
- Earn more rewards

Call **800.673.1044** to request additional business cards for your employees.

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