



Bank of America Business Advantage

Customized Cash Rewards

WANDERLUST URBAN RETREATS LLC

5474 1519 7538 **4527**

February 07, 2025 - March 06, 2025

Company Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 660441
DALLAS, TX 75266-0441

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

Customer Service:
1.800.673.1044, 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

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
WANDERLUST URBAN RETREATS LLC				
Account Number: 4527				
02/24	02/21	Payments and Other Credits Ext Imm Pymt Transfer	05243101520052055313450	- 1,212.68 -\$1,212.68
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		
03/06	03/06	Finance Charge PURCHASE *FINANCE CHARGE*		218.97 \$218.97
		TOTAL FINANCE CHARGE FOR THIS PERIOD		

0121268 0032837 1115924 5474151975384527

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New Balance Total \$11,159.24
Minimum Payment Due \$328.37
Payment Due Date 04/02/25

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

WANDERLUST URBAN RETREATS LLC
567 PRESCOTT ST
PASADENA, CA 91104-2861

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: _____
Posting Date: _____ Transaction Date: _____
Amount: _____ Disputed Amount: _____

Account Number: _____
Reference Number: _____
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.

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 660441, DALLAS, TX, 75266-0441, 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	24.49% V	\$11,654.69	\$218.97
CASH	28.49% V	\$0.00	\$0.00

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

Reward Summary

Beginning Balance	45.13	Other Bonuses	.00
Earned	.00		
Redeemed	.00		
Adjustments	.00		
		Ending Balance	45.13

Visit bankofamerica.com/business to review your available rewards balance and redemption options.



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