

Credit Card Charge Inquiry Form

Name of Person Fielding Inquiry: _____

Date guest called/came in to inquire: _____

Time guest called/came in to inquire: _____

Guest and Charge Information

Guest Name (First and Last): _____

Date of visit inquiry is about: _____

Time of Visit in inquiry is about: _____

Amount that should have been charged: _____

Amount in Dispute: _____

Type of Credit Card (circle one): Mastercard Visa Discover AMEX

Last four digits of credit card: _____

Check # (if they have): _____

Phone Number to call back: _____

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