

February 24, 1986

Inquiries

Chase Manhattan Visa  
1400 Union Turnpike  
P.O. Box 5111  
New Hyde Park, N.Y. 11042

Dear Sirs:

Reference: Visa number 4225 945 241 726

Please refer to my statement dated 02/13/86, which contains a wholly erroneous charge. You will note that there is a charge dated 01/06 Shepwell Inc for \$81.20. This is a correct charge and represents a grocery order for which I signed.

Directly following is a second charge, also dated 01/06, Shepwell Inc. in the amount of \$74.42, which is the erroneous charge. I did not receive or request a second order of groceries on the same day as the first order. I did not sign for such a delivery or for that amount of \$74.42.

I am therefore deducting from my payment the amount of \$74.42 and paying the amount of \$336.32 instead of the billing figure of \$410.74.

Please adjust your records so as to give me credit for the erroneous charge.

Yours sincerely,

Sylvia Meagher

302 West 12 St

NYC NY 10014

Phone: 212-242-4293

FOR QUESTIONS CONCERNING THIS STATEMENT SEE "INQUIRIES" ON REVERSE. DIRECT TELEPHONE INQUIRIES TO

TRANS-ACTION OR POSTING DATE	CREDIT LINE		CHASE VISA ACCOUNT NUMBER				PURCHASES ADVANCES AND DEBITS, PAYMENTS AND CREDITS (-)	718-343-2500 REFERENCE NUMBER
	TOTAL	AVAILABLE						
	1800	1389	4225	945	241	726		
01/02	FOUL PLAY		626					0114
	NEW YORK NY 0115		0423345 5942		1721			01859530
01/03	RECORD HUNTER							0117
	NEW YORK NY 0118		0425400 5734		1976			01372012
01/06	SHOPWELL INC 4							0124
	NEW YORK NY 0125		0411400 5961		8120			01AM62110
01/06	SHOPWELL INC 4							0124
	NEW YORK NY 0125		0411400 5961		7442			58L62110
01/24	BEATRICE INN							0129
	NEW YORK NY 0130		0738775 5812		15980			10470023
01/25*	PURCHASE PAYMENT		- THANK YOU		-12614			012521622180
01/25*	ANNUAL FEE PAYMENT		- THANK YOU		-2000			012521622180
01/29	FOUL PLAY		626					0211
	NEW YORK NY 0212		0423345 5942		4254			02256855
02/05	FOUL PLAY		626					0212
	NEW YORK NY 0213		0423345 5942		1981			02273730
DO YOU KNOW WHERE YOUR CREDIT CARD IS ...								
TO REPORT LOSS OF YOUR CARD CALL 1-800-632-3300 COLLECT								

HOW WE ARRIVE AT YOUR FINANCE CHARGE	MONTHLY PERIODIC RATE (%)	NOMINAL ANNUAL PERCENT-AGE RATE	MINIMUM PER TRANSACTION FEE		CODE *	BALANCE TO WHICH PERIODIC RATE WAS APPLIED	FINANCE CHARGE		ANNUAL PERCENT-AGE RATE
							AT PERIODIC RATE	MINIMUM TRANSACTION FEE TOTAL	
PURCHASES	16.50	19.80	50	A					
CASH ADVANCES	16.50	19.80	25	B					

ACCOUNT SUMMARY	PREVIOUS BALANCE	PAYMENTS AND CREDITS	PURCHASES ADVANCES AND DEBITS	FINANCE CHARGE	NEW BALANCE	PERIODIC PAYMENT
TOTAL PURCHASES	12614	12614	41074		41074	11.00
ANNUAL FEE	2000	2000				
<b>TOTAL</b>	<b>14614</b>	<b>14614</b>	<b>41074</b>		<b>41074</b>	<b>11.00</b>
NOTICE: See reverse side and accompanying statement(s) for important information.	STATEMENT CLOSING DATE	NO. BILLING CYCLE DAYS	PAYMENT DUE DATE	PAST DUE - PAY IMMEDIATELY		
	02/13/86	31	3/10/86	MINIMUM DUE THIS BILLING		11.00

\* See rev sid

**Balance Computation Methods****Purchases Finance Charge****Method A**

We determine a portion of the finance charge on your Account by applying the periodic rate to the "Purchase average daily balance" of your Account, an amount that will include current transactions. To get the "Purchase average daily balance," we take the beginning Purchase balance of your Account each day, add any new Purchases or debits, and subtract any payments or credits. This gives us the Purchase daily balance. Then, we add up all the Purchase daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "Purchase average daily balance."

A minimum Finance Charge may be imposed on your Account.

**Cash Advances Finance Charge**

If you make a Purchase or obtain a Cash Advance on your Account on or after March 1, 1986, we use Method "B" described below to calculate the "Cash Advance average daily balance" of your Account. If you do not make a Purchase or obtain a Cash Advance on your Account on or after March 1, 1986, we use Method C described below to calculate the "Cash Advance average daily balance."

**Method B**

We determine a portion of the finance charge on your Account by applying the periodic rate to the "Cash Advance average daily balance" of your Account. To get the "Cash Advance average daily balance," we take the beginning Cash Advance of your Account each day, add any new Cash Advances or debits, and subtract any payments or credits. This gives us the Cash Advance daily balance. Then, we add up all the Cash Advance daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "Cash Advance average daily balance."

**Method C**

Method C is the same as Method B, except that, in determining the Cash Advance daily balances: any unpaid Finance Charge is subtracted from the beginning Cash Advance balance; any debit that is a Finance Charge is not added to the beginning Cash Advance balance; and any portion of a payment or credit applied to unpaid Finance Charges is not subtracted from the beginning Cash Advance balance.

Under both Methods B and C, in addition to the Finance Charge determined by applying the periodic rate, a transaction fee Finance Charge may be imposed for each Cash Advance.

**When Finance Charges Will Be Imposed**

If you make a Purchase or obtain a Cash Advance on your Account on or after March 1, 1986, finance charges will be imposed on any new Purchase only if the Purchases New Balance is not paid and credited in full by the Payment Due Date. If you do not make a Purchase or obtain a Cash Advance on your Account on or after March 1, 1986 and the Purchases New Balance is paid by the next monthly Statement Closing Date, there will be no Purchases Finance Charge for the billing cycle ending on that date. Regardless of when you use your Account, finance charges are imposed on Cash Advances from the day they are posted to your Account until paid in full.

**Payments**

Payments received at the Post Office Box shown above or made in person at CHASE, 2000 Marcus Avenue, New Hyde Park, New York 11042, by 12 noon, Monday through Friday (except holidays) will be credited as of that day. Payments received at other times will be credited as of the next day which is not a Saturday, Sunday or holiday. Crediting may be delayed up to 5 days if you pay elsewhere.

YOU MAY AT ANY TIME PAY ANY PART OR ALL OF YOUR TOTAL INDEBTEDNESS. You must pay the Minimum Due This Billing by the Payment Due Date shown on the face of the statement.

**Inquiries**

Send written inquiries about this statement to CHASE, 1400 Union Turnpike, Post Office Box 5111, New Hyde Park, New York 11042, include the description of the transaction and reference number appearing on this statement, and your account and telephone numbers. You may inquire by telephone using the number on the face of this statement, but telephone inquiries do not preserve your rights under Federal law.

**CHASE VISA®**

The Chase Manhattan Bank, N.A., P.O. Box 5131, New Hyde Park, N.Y. 11041 •

4225-945-241-726

VISA

02/27/86

TO PROCESS YOUR RECENT INQUIRY, WE HAVE HAD TO REQUEST  
TRANSACTION DOCUMENTS MAINTAINED AT ANOTHER CARD CENTER.  
UNTIL YOU HEAR FROM US YOU ARE NOT REQUIRED TO PAY ANY  
AMOUNT IN QUESTION.

178 2 CUSTOMER RELATIONS

SYLVIA MEAGHER  
302 W 12 ST  
NEW YORK NY 10014

**APPLICATION TO INCREASE YOUR CREDIT LINE: complete only if instructed to on reverse side**

LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER

HOME ADDRESS NUMBER AND STREET CITY AND STATE ZIP CODE HOME TELEPHONE NO.

PREVIOUS ADDRESS NUMBER AND STREET CITY AND STATE ZIP CODE

NAME OF EMPLOYER, BUSINESS OR SOURCE OF INCOME \* POSITION ANNUAL INCOME \* BUSINESS TELEPHONE NO.

**Special Rules for Applicants**  
 CHECK HERE IF YOU LIVE IN A COMMUNITY PROPERTY STATE OR ARE RELYING ON ASSETS IN SUCH A STATE TO REPAY THIS CREDIT. IF SO, AND IF YOU ARE MARRIED, NOT REQUIRED TO SIGN AS A CO-APPLICANT. IF YOU AND YOUR SPOUSE ARE APPLYING FOR A JOINT ACCOUNT, BOTH SIGNATURES ARE REQUIRED.  
 COMPLETE THIS APPLICATION TO REFLECT INFORMATION ABOUT BOTH YOU AND YOUR SPOUSE. IF YOU ARE APPLYING FOR INDIVIDUAL CREDIT, YOUR SPOUSE IS NOT REQUIRED TO SIGN AS A CO-APPLICANT. IF YOU ARE APPLYING FOR AN INDIVIDUAL ACCOUNT AND ARE RELYING ON THE CO-APPLICANT'S INCOME TO REPAY THIS CREDIT, CHECK THE APPROPRIATE BOX:  JOINT ACCOUNT  INDIVIDUAL ACCOUNT RELYING ON CO-APPLICANT'S INCOME TO REPAY THIS CREDIT.

**CO-APPLICANT:**  
 COMPLETE THE REST OF THIS APPLICATION TO REFLECT INFORMATION ABOUT BOTH YOU AND YOUR CO-APPLICANT. CO-APPLICANT SIGNATURE IS REQUIRED IN BOTH CASES. CHECK THE APPROPRIATE BOX:  JOINT ACCOUNT  INDIVIDUAL ACCOUNT RELYING ON CO-APPLICANT'S INCOME TO REPAY THIS CREDIT.

CO-APPLICANT'S LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER

HOME ADDRESS NUMBER AND STREET CITY AND STATE ZIP CODE HOME TELEPHONE NO.

NAME OF EMPLOYER, BUSINESS OR SOURCE OF INCOME \* POSITION ANNUAL INCOME \* BUSINESS TELEPHONE NO.

CHECKING ACCOUNT SAVINGS ACCOUNT

**LIST ALL PRESENT OBLIGATIONS:** INCLUDE LOANS, CREDIT CARDS, DEPARTMENT STORES, ETC. ATTACH SEPARATE SHEET IF NECESSARY

CREDITOR BALANCE CREDITOR BALANCE CREDITOR BALANCE

**NOTICE:** YOU DO NOT HAVE TO DISCLOSE ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE INCOME OR ITS SOURCE, UNLESS YOU WANT US TO CONSIDER IT IN CONNECTION WITH THIS APPLICATION.

**PLEASE SIGN HERE** ← APPLICANT'S SIGNATURE CO-APPLICANT'S SIGNATURE DATE