



RECEIPT REQUEST

PHONE: 808-486-3819 • EMAIL: print@aieacopy.com

www.aieacopy.com

Terms & Conditions of Sale posted in store & on website

CHARGE CARD RECEIPT REQUEST FORM

For security reasons and to expedite the process for locating a charge draft, we ask that you provide:

RECEIPT INFORMATION

1. Date the card was charged: _____
(NOT the date the order was placed)
OR Date posted to account / Date on billing statement: _____
(NOT the statement period)
2. Amount: \$ _____
3. Last 4 digits of card: _____
4. Name on the card: _____
5. Physical card used Called/emailed in

REQUESTOR INFORMATION

Please allow 2-4 business days for receipt to be emailed to you.

Name: _____

Contact phone: _____

Email: _____

* \$20 research fee if more than 1 request over past year

ADMINISTRATIVE USE - Please do NOT fill out.

Date requested: _____ Reviewed Form Initial _____

\$20 Research Fee: Not needed >1 request already made (informed customer)

Date searched: _____ Found Not found Initial _____

Date emailed receipt: _____ Initial _____

Notes: