

Letter of Credit Card Cashback Eligibility Criteria

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you about the cashback eligibility criteria for our [Credit Card Name]. Please review the following conditions to ensure you qualify for our cashback program:

- Must be a primary cardholder of the [Credit Card Name].
- Minimum annual spending requirement of \$[Insert Amount].
- Cashback is applicable on eligible purchases only, which include [insert specific categories, e.g., groceries, gas].
- Must pay the full balance by the due date to qualify for cashback.
- Cashback will be credited to your account within [Insert Time Frame] after the billing cycle.

If you have any questions regarding the cashback eligibility criteria or need assistance, feel free to reach out to our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Your Bank/Company Name]. We appreciate your business.

Sincerely,

[Your Name]

[Your Position]

[Your Bank/Company Name]

[Your Contact Information]