



Life Hotel
19 West 31st Street, New York NY 10001

Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form along with a copy front and back of your credit card and ID to (212) 615.9901 or e-mail it to [REDACTED]

Cardholder Information

Name as it appears on the credit card (Required): JEFFREY EPSTEIN

Card type(Required): [REDACTED]

Account type(Required): Individual (personal credit card)
 Corporate | Company Name: _____

Account number(Required): [REDACTED]

Address(Required):
(where statement is mailed) 9 East 71st

City, State and Zip(Required): NEW YORK NY 10021

Phone number(Required): [REDACTED] Alternate number: _____

Bank Phone number on the back of the card (Required): _____

For internal use only:
Hotel Verification: Date _____ Employee ID: _____

Guest Information

Guest name(Required): _____

Company: _____

Phone number(Required): _____ Fax or alternate number: _____

Confirmation number(Required): _____

Arrival date(Required): _____ Departure date(Required): _____

Relation to cardholder(Required): Relative Friend Business Associate Other: _____

Rate Information and Approved Charges

Room rate: _____ Taxes and fees: 14.75% plus \$3.50 plus \$25 city fee Total daily rate: _____ Number of nights: _____

- All Charges
- Room & Tax
- Telephone (LD)
- Telephone (Local)
- Restaurant
- Valet (Laundry)
- Parking
- Internet
- Movies
- Other: _____

I certify that all information is complete and accurate. I hereby authorize Life Hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay. This authorization is void if the guest is not present. This form must be completed if guest wishes to extend his/her stay. I certify that I am the authorized signatory for the cardholder.

Cardholder name: (Printed) [REDACTED]

Cardholder signature: JEFFREY EPSTEIN Date: 08/06/18

If ALL required information is not filled in the authorization will not be processed