

THE MARK

CREDIT CARD BILLING AUTHORIZATION FORM

GROUP GUEST INFORMATION

COMPANY/GROUP NAME:

CONTACT NAME: LESLEY GROFF

INDIVIDUAL GUEST INFORMATION

GUEST NAMES	ARRIVAL DATES	DEPARTURE DATES
<u>REMY BRAZET</u>	<u>OCT. 6, 2015</u>	<u>OCT. 7, 2015</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHARGES TO BE BILLED (please indicate by marking an X in the appropriate boxes below)

ALL CHARGES

CATERING AND MEETING CHARGES

GUEST ROOMS & TAXES

GRP ROOM DEPOSITS: AMOUNT \$ _____

GUEST INCIDENTALS

CATERING DEPOSITS: AMOUNT \$ _____

OTHER (Description): _____

PLEASE NOTE THAT UPON RECEIPT OF THIS FORM THE CREDIT CARD WILL BE CHARGED FOR THE FULL AMOUNT OF ROOM AND TAX. IF YOU OPT TO COVER ALL CHARGES, THE INCIDENTAL CHARGES WILL BE SETTLED UPON CHECKOUT OF THE GUEST.

CARD HOLDER INFORMATION

CARD NUMBER: _____

EXPIRATION DATE: 8/14

NAME AS IT APPEARS ON CARD: JEFFREY E. EPSTEIN

CARD BILLING ADDRESS: 9 EAST 71ST ST.

CITY: NY

STATE AND ZIP CODE: NY 10021

TELEPHONE: _____

FAX: _____

EMAIL: _____

AMERICAN EXPRESS VISA MASTER CARD DINERS CLUB DISCOVER CB

I HEREBY AUTHORIZE THE MARK HOTEL TO USE THE CREDIT CARD INFORMATION PROVIDED ON THIS FORM EITHER AS PAYMENT FOR THE CHARGES DESCRIBED ABOVE. I AM AWARE SUPPORTING DOCUMENTATION WILL ACCOMPANY ALL CHARGES. BY SIGNING BELOW I AGREE TO PAY MY CREDIT CARD ISSUER FOR THE CHARGES AGREED TO ABOVE IN ACCORDANCE WITH MY CARDHOLDER AGREEMENT.

CARD HOLDER'S SIGNATURE: _____

DATE SIGNED: SEPT. 18, 2015

PLEASE ATTACH: 1) A LEGIBLE PHOTOCOPY OF PROOF OF IDENTIFICATION
2) FRONT AND BACK OF THE CREDIT CARD YOU WISH TO CHARGE

25 East 77th Street, New York, NY 10075, USA Tel: 212-744-4300 Fax: 212-606-3102

E-Mail: reservations@themarkhotel.com - www.themarkhotel.com

Toll free reservations: 1-866-744-4300

