

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. We ask that you either fax this completed form to The Peninsula Spa at [REDACTED] or e-mail it to [REDACTED].

Third Party Payment of Services ONLY

Guest Name: _____ Date of Services: _____

Rate Information and Approved Charges

Services: _____ Rate: _____

- Service ONLY Service and 4.5% Sales Tax ONLY
 Service, 4.5% Sales Tax and Gratuity _____ %
 Additional Services Rendered (i.e. Treatment Upgrades) Products Purchased

Maximum Allowable Amount: 10,000

Please Keep My Form on File For Future Use

Cardholder Information

Name as it appears on the credit card: _____

Type of Card: Visa Mastercard American Express Discover

Account Type: Individual (Personal Credit Card)

Corporate Company Name: _____

Credit Card Number: [REDACTED] Expiration Date: [REDACTED]

Address (Billing Address): 1 E 71

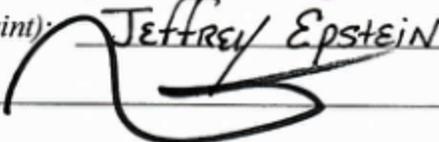
City, State and Zip: NY NY

Phone Number: [REDACTED] Fax or Alternate Number: [REDACTED]

I certify that all information is complete and accurate. I hereby authorize The Peninsula Spa, New York to collect payment for all charges as indicated on this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Please note that we require a handwritten signature in order to process this order.

Cardholder Name (Please print): Jeffrey Epstein

Cardholder Signature:  Date: 10/12/14