



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: KATHY RUEMMER Date of Services: DEC. 19, 2015

Rate Information and Approved Charges

Services: MASSAGE, BODY SCRUB, FACIAL Rate: _____

- Service ONLY Service and 4.5% Sales Tax ONLY
- Service, 4.5% Sales Tax and Gratuity 20 %
- Additional Services Rendered (i.e. Treatment Upgrades) Products Purchased

Maximum Allowable Amount: \$800.00

Please Keep My Form on File For Future Use

Cardholder Information

Name as it appears on the credit card: JEFFREY EPSTEIN

Type of Card: Visa Mastercard American Express Discover

Account Type: Individual (Personal Credit Card)

Corporate Company Name: _____

Credit Card Number: [redacted] Expiration Date: 8/14

Address (Billing Address): 9 EAST 71ST ST.

City, State and Zip: NY, NY 10021

Phone Number: [redacted] Fax or Alternate Number: _____

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: [Handwritten Signature] Date: DEC. 19, 2015