

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/debit 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 to {Reservations Department at {340-715-6191

Cardholder Information - Required

Name as it appears on the credit/debit card: JEFFREY E. EPSTEIN
 Card type: Visa MC Amex Diners/CB Discover JCB
 Account type: Personal Corporate | Company Name: _____
 Issuing Bank: AMERICAN EXPRESS Phone #: _____
 Account number: _____ Exp. Date: _____
 Address: 9 EAST 71ST ST.
(where statement is mailed)
 City, State and Zip: NEW YORK, NY 10021
 Phone number: 212-750-9895 Fax or alternate number: _____

Guest Information - Required

Guest name: KEVIN OUVRE
 Address: ANSE DES CAYES
 City, State and Zip: 97133 SAINT-BARTHELEMY, F.W.I
 Company: SAS KO CONCEPT
 Phone number: _____ Fax or alternate number: _____
 Confirmation number: 97286472
 Arrival date: MARCH 2, 2017 Departure date: MARCH 3, 2017
 Relation to cardholder: Relative Friend Business Associate Other: _____

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest name: (Printed) _____
 Guest signature: _____ Date: _____

Rate Information and Approved Charges - Required

Room rate: * \$ 519 Taxes: * _____ Total daily rate: * _____ Number of nights: 1
 *(Rate and tax amount must be provided by a hotel representative in order to complete this form)
 All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant
 Room Service Valet (Laundry) Parking HS Internet Access Movies
 Other: _____

I certify that all information is complete and accurate. I hereby authorize {Marriott Frenchman's Reef 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/debit card listed above. Charges must not exceed \$675.00 for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) JEFFREY E. EPSTEIN
 Cardholder signature: _____ Date: 2-25-2017