

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 340at 7156193

Cardholder Information - Required

Name as it appears on the credit/debit card: JEFFREY EPSTEIN

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Personal Corporate | Company Name: _____

Issuing Bank: AMERICAN EXPRESS Phone #: _____

Account number: [REDACTED] Exp. Date: [REDACTED]

Address: 9 EAST 71ST ST.

(where statement is mailed)

City, State and Zip: NY NY 10021

Phone number: [REDACTED] Fax or alternate number: _____

Guest Information - Required

Guest name: KEVIN DUVERE

Address: [REDACTED]

City, State and Zip: [REDACTED]

Company: _____

Phone number: [REDACTED] Fax or alternate number: _____

Confirmation number: 8261861

Arrival date: MAY 26, 2017 Departure date: MAY 27, 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:* 419.00 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 Frenchman's Reef & Morning Star Marriott Beach Resort 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 _____ 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 EPSTEIN

Cardholder signature: [Signature] Date: MAY 25, 2017