

Third Party Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. **I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third party transactions.** 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 Doral Inn and Suites Miami Airport West at (305) 429 8754

FOR SECURITY reasons, Doral Inn and Suites conforms to all Payment Card Industry (PCI) standards. However, we recommend that the credit card holder purchase a gift card for the guest (if possible) rather than send their credit card number via this third party form.

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: Individual - Debit / Credit Corporate - Company Name: _____

Issuing Bank: AMERICAN EXPRESS Phone: 877-877-0987

Account Number: [REDACTED] Exp. Date: 6/21

Address (statement): 9 EAST 71ST ST.

City, State, Zip: NY, NY 10021

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

GUEST INFORMATION - Required

Guest Name: [REDACTED]

Address: [REDACTED]

City, State, Zip: NY, NY

Company: _____

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

Confirmation Number: [REDACTED] Arrival Date: JAN 3, 2018 Departure Date: JAN 5, 2018

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) [REDACTED]

Guest Signature: [REDACTED] Date: JAN 3, 2018

RATE INFORMATION AND APPROVED CHARGES - Required

Room Rate:* 168.00 Taxes:* _____ Total Daily Rate:* _____ Number of Nights: 2

*(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 Doral Inn and Suites Miami Airport West 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 \$5,000 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: [REDACTED] Date: JAN 3, 2018