



## CREDIT CARD AUTHORIZATION FORM

*Please Type or Write in Designated Fields*

Guest Name: \_\_\_\_\_

Arrival & Departure Dates: JUNE 20-23

Confirmation Number: \_\_\_\_\_

Cardholder Name: JEFFREY EPSTEIN

Cardholder Address: 9 EAST 71ST STREET  
NY, NY 10021

Card Holder Phone: \_\_\_\_\_

Card Holder Fax: \_\_\_\_\_

\*\*\*Last 4 Digits of Credit Card: \_\_\_\_\_

Type: AMEX

By signing this authorization form, I am granting permission The Hotel Monaco-WDC to charge the above-mentioned credit card for the following charges, including any cancellation or no-show fees that may become applicable:  
(Check all that apply)

- Room and Tax Only  
 Incidentals (phone calls, room service, etc)  
 All Room, Tax, and Incidental Charges  
 Other--Please Specify

[Signature]  
CARDHOLDER SIGNATURE

JUNE 12, 2018  
DATE

\*\*\*For your protection please note that a representative from The Hotel Monaco-WDC will contact you for the full credit card information once this authorization is received.

Phone: (202) 628-7177

[www.monaco-dc.com](http://www.monaco-dc.com)

Fax: (202) 628-7277