

# AUTHORIZATION FORM

Please fill out and sign the Authorization form in printed letters, attach passport copy, the credit card copy of both sides, and bank confirmation with the stamp that the card belongs to the person signing the agreement, send the whole file to the attention of the Reservation department: [reservations@standarthotel.com](mailto:reservations@standarthotel.com) or:

Date	JULY 7, 2018
Address	9 EAST 71ST ST. NY NY 10021
Tel.\Fax	[REDACTED]
E-mail address	[REDACTED]
Topic	Credit Card guarantee

Hereby, I JEFFREY EPSTEIN  
*The card holder first and last name*

Authorize the payment of with my credit card [REDACTED]  
*credit card number* *expiry date*

- Payment for:
- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> All expenses | <input type="checkbox"/> Pay TV               | <input type="checkbox"/> SPA                  |
| <input type="checkbox"/> Accommodation incl VAT  | <input type="checkbox"/> Telephone            | <input type="checkbox"/> Taxi                 |
| <input type="checkbox"/> Breakfast               | <input type="checkbox"/> Laundry\Dry cleaning | <input type="checkbox"/> Other expenses _____ |

During the period of stay JULY 7, 2018 JULY 9, 2018  
*Arrival date* *Departure date*

For Mr.\Mrs. [REDACTED]

Reservation No [REDACTED] Amount \_\_\_\_\_

Signature [Handwritten Signature] Date JULY 6, 2018  
*the card holder*

Sincerely,  
Reservations