



FOUR SEASONS  
RESORT

ORLANDO AT WALT DISNEY WORLD RESORT

CREDIT CARD AGREEMENT

10100 DREAM TREE BOULEVARD, LAKE BUENA VISTA, FLORIDA 32836

Resort Reservations: [REDACTED]

I, JEFFREY EPSTEIN, hereby authorize the FOUR SEASONS RESORT ORLANDO at Walt Disney World® Resort to charge my credit card for the reservation as detailed below.

Guest Name: [REDACTED]  
Confirmation Number: 6461483032685  
Arrival Date: OCT. 6, 2018  
Departure Date: OCT. 8, 2018

PLEASE CHECK ONE OF THE FOLLOWING:

**\*\*Please note credit card will be charged in full upon receipt of this document. \*\***

- ALL CHARGES (Room & Tax plus \$200/day for Incidentals)       ROOM & TAX ONLY  
 OTHER \_\_\_\_\_

Credit Card: (AX) MC VA DS [REDACTED]  
Credit Card Expiration: 06/21  
Name on Credit Card: JEFFREY EPSTEIN  
Billing Address: 9 EAST 71ST ST.  
City, State, Zip Code: NEW YORK, NY 10021  
Email Address: [REDACTED]  
Contact Number: [REDACTED]

I CERTIFY THAT THE ABOVE STATEMENT AND INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY INQUIRIES RELATED TO THESE CHARGES, I WILL NOTIFY FOUR SEASONS RESORT ORLANDO PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.

CARDHOLDER'S SIGNATURE: [Signature] Date: OCT. 4, 2018

\*Please include a Government Issued Photo ID that matches the name of the cardholder. For your security, please FAX this request filled out in its entirety to the Four Seasons Resort Orlando Reservations Department. The request must be received 72 hours prior to date of arrival. Please do not email this document to the Four Seasons Resort Orlando.

[REDACTED]

Internal Use: Completed \_\_\_\_\_

Four Seasons Resort Orlando April 2017