



FOUR SEASONS
HOTEL
MEGÈVE

PRESTIGE ROOM

THIRD PARTY AUTHORIZATION FORM FOR PAYMENT BY CREDIT CARD

I, JEFFREY EPSTEIN authorize The Four Seasons Hotel to charge my card for the reservation of KARYNA SHULIAK staying with us from DEC. 17 to DEC. 19, confirmation number is _____

in case of extension - I wish to take in charge YES or NO, if YES until what date DEC. 24

Please encircle clearly below which charges you wish to cover:

Room:	<input type="radio"/> YES or <input type="radio"/> NO	Transfers	<input type="radio"/> YES or <input type="radio"/> NO
City Tax (2.50€ per adult per night)	<input type="radio"/> YES or <input type="radio"/> NO	Mini-bar & Telephone:	<input type="radio"/> YES or <input type="radio"/> NO
Breakfast:	<input type="radio"/> YES or <input type="radio"/> NO	Miscellaneous:	<input type="radio"/> YES or <input type="radio"/> NO
Full Expenses:	<input checked="" type="radio"/> YES or <input type="radio"/> NO		
Other expenses (please specify which):	<u>EVERYTHING!</u>		

Card Holders Name: JEFFREY EPSTEIN

Card Holders Signature: [Signature]

Type of Credit Card: AMERICAN EXPRESS

Credit Card Number (last 4 digits only): 4009

Expiry Date: 6/21

Telephone Number: [Redacted]

Facsimile Number: _____

Billing Address: 9 EAST 71ST ST.
NY, NY 10021

If you are a travel agency, please fill-in the following:

Are you taking in charge the above? YES or NO

Travel Agency name: _____

Your IATA Number: _____

PLEASE FORWARD A CLEAR COPY OF THE FRONT OF YOUR CREDIT CARD and of THE IDENTITY CARD OR PASSPORT of the credit card HOLDER
FAILURE TO PROVIDE THE ABOVE INFORMATION PRIOR TO GUESTS ARRIVAL WILL FORFEIT THE USE OF THIRD PARTY PAYMENT AND GUESTS WILL BE ASKED FOR AN ALTERNATIVE METHOD OF PAYMENT ON ARRIVAL.