



CREDIT CARD AUTHORIZATION FORM

Credit Card Type AMEX Credit Card Number [REDACTED] Expiry Date 6/21

Name of Cardholder JEFFREY EPSTEIN

Address where statement of account is mailed:

Street 9 EAST 71ST STREET City NEW YORK

State NY Country USA

I authorize Relais Piazza Signoria to charge for my reservation the above credit card number for the amount of **€uro** 726,00 EUROS

Check-in NOV 4 - Check-out NOV 7, 2018

Total nights are 3. Total amount is **€uro**

This reservation cannot be canceled.

Cardholder signature [Handwritten Signature]