



**Credit Card Authorisation for Payment Form**

Guest Name	Ms Karyna Shuliak	Confirmation No.	20U6PF
Arrival Date / No. of Nights	18 <sup>th</sup> April 2016 for 3 nights	Room Type	Deluxe King Room
Rate Details	GBP 650 (GBP 780 inclusive of 20% VAT) rates are per room per night, exclusive of breakfast and subject to a discretionary service charge (5%).		

I authorize the below marked charges associated with the above guest to be charged to the following credit card in my absence and hereby instruct the credit card company to honor any charges presented.

Please tick one box as appropriate, to confirm what charges will be accepted on your card.

<input type="checkbox"/>	Room Charges, VAT	
<input type="checkbox"/>	Room Charges, VAT & Service Charge	
<input type="checkbox"/>	Room Charges, VAT, Service Charge & Breakfast	
<input checked="" type="checkbox"/>	All Charges	(cash advances will not be paid out against this card)

**IMPORTANT NOTE:** In order for us to ensure that we manage your credit card data securely, please provide the full credit card number over the phone and not on this form, using the telephone number below:  
+44 (0)20 7107 8842

Credit Card Type: <i>Amex</i>	Please do NOT write in this section
Credit Card Last Four Digits Of Embossed Nr. <i>3001</i>	
Issuing Bank: <i>AMERICAN EXPRESS</i>	
Credit Card Expiry Date: <i>8/16</i>	
<b>Cardholders Signature:</b>	
Full Name (in capitals), as it appears on your card <i>JEFFREY E EPSTEIN</i>	
Date: <i>4/14/16</i>	

**Card Holder's Registered Address:**

House or Flat Name (or number): <i>9</i>	
Street: <i>EAST 71st STREET</i>	
City and County/State: <i>NEW YORK, NY</i>	Postal Code/Zip Code: <i>10021</i>
Landline Telephone Number: <i>212-750-9895</i>	Country: <i>USA</i>

Please indicate by ticking the box below if you would like to receive a copy of your settled charges

<input type="checkbox"/>	By post to the address you have provided
<input checked="" type="checkbox"/>	By email to the following email address: <span style="background-color: black; color: black;">[REDACTED]</span>

Upon receipt of this document and before the requested service can be provided the Credit Card supplier will be contacted and verification sought where possible. Where verification is not possible, we reserve the right to seek authorisation to the value of £0.01. Should any of the details not correspond with those held by the Credit Card supplier or authorization is not approved; this form will not be accepted. This card will be pre-authorized three days prior to your guest's arrival. Please be aware that your guests will be asked for payment directly should we be unable to obtain payment from the card detailed above for any reason.

Please email the completed form to: [reservations@claridges.co.uk](mailto:reservations@claridges.co.uk)

Authorised OnSite by: