

KIMPTON[®]

hotels & restaurants

Credit Card Authorization Form

I JEFFREY EPSTEIN hereby authorize Hotel/Restaurant Name SURFCOMBER HOTEL to process the following credit card:

Guest Name: [REDACTED] Confirmation #: [REDACTED]

Arrival Date: MARCH 26, 2015 Departure Date: MARCH 29, 2015

Contact Name: _____

Name on Credit Card (if different from above): JEFFREY E. EPSTEIN

Last Four Digits of Credit Card Number: 3001

****To protect your confidential information, do not provide the full credit card number in this form. Please CALL the hotel to provide your full credit card number.****

Expiration Date: 8/14

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

City/State/Zip: NY, NY 10021

Daytime Phone Number: [REDACTED]

Email Address: [REDACTED]

Authorized Signature: [Handwritten Signature]

Please Indicate Billing Instructions: (Check all that apply)

- Banquets
- Audio Visual Only
- Advance Deposit of \$ _____
- Room and Tax Only
- Incidentals Only
- Other (please specify): [Handwritten Signature]

**** Please note that if a different form of valid payment is not received at time of check-in, all charges will be applied to the above credit card. ****