

**From:** "[REDACTED]"  
**To:** [REDACTED]  
**Subject:** Ritz-Carlton - Credit Card Authorization Form  
**Date:** Tue, 06 Sep 2016 17:26:03 +0000

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This is a request pending approval by the hotel.

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to FRONT OFFICE MANAGER at 1-340-7754444. Please call number 1-340-775-3333 to inform FRONT OFFICE MANAGER that fax is being sent so it can be retrieved in a timely manner. Do not send photocopy of the front or back of the credit card with this form, as this is against credit card company regulations.

**Confirmation Number:** 82204857

**Card Holder Information - Required**

Name as it appears on the credit/debit card: JEFFREY E EPSTEIN

Card Type:  VISA  Master  American Express  Diners  Discover  JCB

Account Type:  Individual (Personal Credit Card)  Corporate

Company Name (For Corporate card only): \_\_\_\_\_

Account Number: [REDACTED]

Issuing Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(where statement is mailed)

City, State and Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: 2127509895

Fax: \_\_\_\_\_ Email: [REDACTED]

**Guest Information - Required**

Guest Name: [REDACTED] [REDACTED]

Company: \_\_\_\_\_

Address: [REDACTED]

City, State and Zip: [REDACTED]

Country: US

Phone: [REDACTED]  Fax  Alternate Phone :

Email Address : \_\_\_\_\_

Arrival Date: 09Sep16 Departure Date: 11Sep16

Relation to Cardholder:  Family  Friend  Business Associate  Other \_\_\_\_\_

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed

Guest Name: (printed) \_\_\_\_\_

Guest Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Rate Information and Approved Charges**

Total Room Rate: 798.00 Total Fee: 150.00

Total Taxes: 99.75 **Grand Total:** 1,047.75

(\* Rate and tax amount must be provided by a hotel representative in order to complete this form.)

All Charges  Room And Tax  Telephone  Other Charges

I certify that all information is complete and accurate. I hereby authorize RZ ST. THOMAS to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed \_\_\_\_\_ for entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please do not reply to this message. This form is an auto-generated message. Replies to automated messages are not monitored.**