

STARK®

Credit Card Authorization Form



I, JEFFREY E. EPSTEIN, hereby authorize Stark Carpet Corp. to charge my card for the amount indicated below. I understand these charges are for the payment of goods and/or services by the above referenced merchant.

Account #: [REDACTED]
Invoice/Order #: QUOTE # 253970
Amount to be charged: 17,587.60

Credit Card Type: Amex Visa MasterCard

Credit Card #: [REDACTED]
Credit Card Expiration Date: 12/20
CVV / Security Code: 8842

Company Name: _____
Cardholder Name: JEFFREY E. EPSTEIN
Billing Address: 9 EAST 71ST STREET
City: NEW YORK State: NY Zip Code: 10021
Phone #: [REDACTED]
Email address for CC receipt: [REDACTED]

Terms & Conditions: The above named client understands and acknowledges the charges described above. The client agrees payment in full is to be made when billed in accordance with the standard policy of the issuing bank and without any disputes or stop payments on the above credit card.

Please sign below agreeing to the above terms and conditions:

Cardholder Signature: [Signature]
Print Name: JEFFREY E. EPSTEIN Date: 12/5/2018