



MARRIOTT IRVINE SPECTRUM

GUEST FOLIO

411	KULUNK/JOHN	233.00	10/18/19	08:19	39027
ROOM	NAME	RATE	DEPART	TIME	ACCT#
CQ			10/14/19	21:22	
TYPE			ARRIVE	TIME	
106					
ROOM		VSXXXXXXXXXXXX5337			MBV#:
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE
10/14	TR ROOM	411, 1	233.00		
10/14	OCC TAX	411, 1	23.30		
10/14	CATOURFE	411, 1	.50		
10/15	TR ROOM	411, 1	233.00		
10/15	OCC TAX	411, 1	23.30		
10/15	CATOURFE	411, 1	.50		
10/16	TR ROOM	411, 1	233.00		
10/16	OCC TAX	411, 1	23.30		
10/16	CATOURFE	411, 1	.50		
10/17	TR ROOM	411, 1	233.00		
10/17	OCC TAX	411, 1	23.30		
10/17	CATOURFE	411, 1	.50		
10/18	CCARD-VS			1027.20	
	PAYMENT RECEIVED BY: VISA	XXXXXXXXXXXX5337			.00

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X