



THE FARM
AT SAN BENITO

PAYMENT OPTIONS

I. Reservations may be guaranteed by advance payment through the following payment options:

* All reservations are considered tentative blockings and will ONLY be confirmed upon receipt of 50% DOWNPAYMENT on or before the given OPTION DATE. We reserve the right to release blockings if no deposit was made. Please note that all bookings must be fully paid prior to check-in at the Resort.

- o In Cash (Philippine Peso or US Dollar only)
- o b. By company check payable to **NARRA WELLNESS RESORTS, INC. (THIS IS ACCEPTED FOR LOCAL COMPANIES ONLY.)** * subject to bank clearing (cheque must clear prior to check – in date)
- o c. Please deposit payment to the following account: *(upon payment, please send us by fax a copy of the bank’s remittance advice or deposit slip to +63 2 889 1150 or email a scanned copy to info@thefarm.com.ph)*

Account Name: **NARRA WELLNESS RESORTS, INC.**
 Bank Name: BPI – Bank of Philippine Islands
 Branch Name: BPI– Lipa, Ayala Hi-Way
 Bank Address: Mataas na Lupa, Lipa City, Batangas, Philippines
 Philippine Peso Account: 0881 017938
 US Dollar Account: 0884 007518
 Swift Code: BOIPHMM
 Routing Number: 021000018

- o d. By direct charge to credit card (VISA, MASTERCARD, JCB, AMERICAN EXPRESS). The transaction will be processed on the set OPTION DATE or within 24 hours after receipt of guarantee documents (completed CREDIT CARD AUTHORIZATION FORM)

* When paying by credit card, the quoted rates in US dollars are converted into Philippine Pesos according to the prevailing hotel exchange rate ON THE DATE OF PAYMENT was made.

* Note that in the event a travel agent settles their booking charges by credit card, the applicable bank charges will be borne by the travel agent.

II. Cancellation Policy for Guaranteed Bookings

Applicable Charges	No. Of Days/ Shortened Stay/ No Show	Applicable Programs
100% Forfeiture	Within seven (7) Days prior to Arrival	Wellness Holidays/ ROOM Only/ Personalized Medical Programs
	Within fourteen (14) Days prior to Arrival	All Programs - PEAK PERIOD (Christmas & New Year, Chinese New Year and Easter Period)
FORCE MAJEURE : The resort shall not be responsible to the Tour Operator or its guests for failure to abide to this agreement in case of fortuitous event, labour dispute or conditions beyond this control. In the event that the guest is stranded at the resort for any reason beyond our control, accommodations shall be free of charge. However, meals shall be on guest's personal account to be settled upon check-out		

III. Re-booking of paid bookings

Re-bookings of rooms will apply within a month from original departure date. Total cost shall be subject to adjustments based on prevailing rates during the new tour dates.

THE FARM AT SAN BENITO

Resort Address: 119 Barangay Tipakan, Lipa City, Batangas, Philippines Mobile No. (+63)9188848078
 Sales and Reservations Office: Shop 12, G/ F, The Peninsula Manila, Corner of Ayala and Makati Avenues, Makati City, Philippines
 Tel. Nos. (+63 2) 884 8074 Fax No. (+63 2) 889 1150 Email: info@thefarm.com.ph Website: www.thefarmatsanbenito.com



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CREDIT CARD AUTHORIZATION FORM

Dear Valued Guest: _____, 201__

Please return this credit card authorization form with ALL the required information for the confirmation of your reservations and the one hundred (100%) percent of your total booking charges as stated in the statement of account / pro-forma invoice issued to you. Please type or write legibly the required information in CAPITAL LETTERS. Kindly fax completed form **ON OR BEFORE** the set **OPTION DATE FOR PAYMENT** to **(+63 2) 889 1150** or email to **info@thefarm.com.ph** to finalize your booking.

For your protection, a copy of the front and back sides of your credit card, and a valid identification ID with picture (such as driver's license, social security card, alien certificate of residency) are required by the authorizing bank for the completion of the transaction. Kindly note that payment will not be processed if incomplete details and these required documents are not submitted together with this form.

Name of bank / card company (i.e. Citibank) _____

Name of Cardholder _____

Visa / MasterCard / JCB / AMEX / Diners (kindly circle credit card type)

Card No. _____

AMEX 4-digit code (if possible): _____

Expiry Date (mo/date / yr): _____ Amount to be charged _____

Tel. No. _____ Birth date (mo/date/yr): _____

Complete Billing Address _____

Name of Company _____

Business Address _____

Telephone No.: _____ Fax No.: _____

Tour dates: Check-in _____ Check-out: _____

I also understand that any outstanding or unpaid fees I have incurred at the resort during my stay will be automatically charged to the above-stated credit card.

Signature over Printed Name

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