

PAYMENT UNDERTAKING FORM
(Upon Reservation)

To the Management, Makati Shangri-La Manila.

I undertake to be fully responsible for the room charges incurred in the Hotel by the following

Guest Name Michelle Del Fierro Conf No. 96528823 Room Type / Rate per night Superior

during the period of 3-28-13 to 4-1-13 (total of 4 nights).

Total Amount for Room Charges (including tax and service charge): 51,492.00 PHP

All Expenses (including Govt. Levies & Taxes) Minibar only *
 Room Charges (including Govt. Levies & Taxes) Telephone Charges only *
 Food & Beverage only (including Govt. Levies & Taxes) Others (Specify)*
 Laundry & Valet only (including Govt. Levies & Taxes) (All includes Govt. Levies & Taxes)

Total Amount for Room Charges (including tax and service charge): 51,492.00 PHP

I agree that I will settle the above account/s by way of:

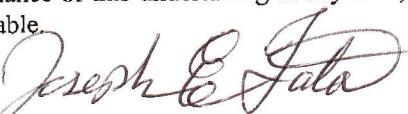
Credit Card Type : () Amex () Visa () Mastercard () Diners () Debit Card () Others _____

Card No. : 5588-4665-0027-7746

Expiry Date : 02/14

Name of Issuing Bank : Bank of America

The Hotel reserves the right to resort to any other lawful means of obtaining payment or securing performance of this undertaking at any time, if seen necessary. I understand that this authorization is irrevocable.



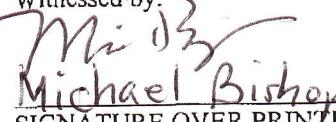
Joseph E. Fata

SIGNATURE OVER PRINTED NAME
(cardholder)

466 654 451

PASSPORT NO. / ID CARD

Witnessed by:


Michael Bishop

SIGNATURE OVER PRINTED NAME

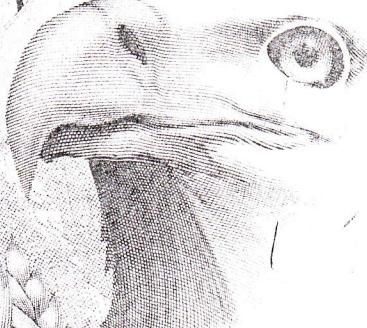
3-25-13
DATE

Addendum:

Please note that third party credit card payment requires 14 days to process. The hotel will exert all efforts to secure the payment in shortest time possible. In the event that credit card transaction is rejected or pending approval up to the time of arrival, guest will be required to give cash deposit or personal credit card guarantee. If until date of departure, credit card payment has not been secured, all charges will be settled by the guest upon check-out.

We The People

Of the United States,
in Order to form a more perfect Union,
Establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our posterity; do ordain and establish this
Constitution for the United States of America.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Type / Code / Code / Code / No. du Passport / No. de Pasaporte

P USA

466654451

Surname / Nom / Apellidos

FATA

Given Names / Prénoms / Nombres

JOSEPH EDWARD

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

06 Jan 1957

Place of birth / Lieu de naissance / Lugar de nacimiento

MICHIGAN, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

05 Mar 2010

Date of expiration / Date d'expiration / Fecha de caducidad

04 Mar 2020

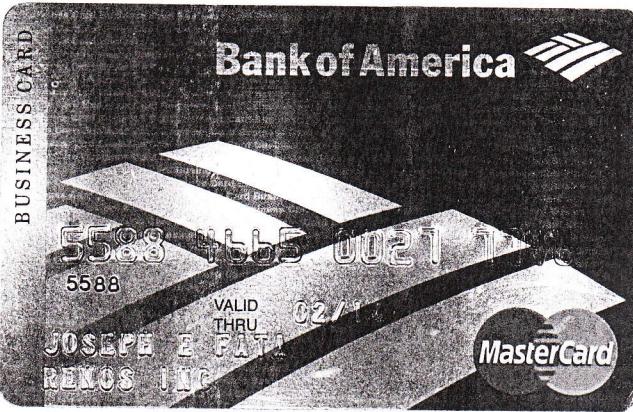
Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27



P <USAFATA<<JOSEPH<EDWARD<<<<<<<<<<<<<<<

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www.bankofamerica.com

VCT-NJ ICA# 1155-3864 10/09 HC

F63740

24-Hour Customer Service
800.673.1024

Collect Outside the U.S. and Canada
509.353.6656



NOT VALID UNLESS SIGNED / AUTHORIZED SIGNATURE

This card is issued by a Bank of America company
pursuant to a license from MasterCard International.

Bank of America