

SERVICE ORDER FORM

CONSULATE PRIORITY FEES: \$225 + PROCESSING FEES



DATE: _____



First Name: _____

Middle Initial: _____ Last Name: _____

Phone: _____ Email Address: _____

BILLING ADDRESS

Company: _____
 Address1: _____
 Address2: _____
 City: _____
 State: _____
 Zip: _____
 Phone 1: _____
 Phone 2: _____
 Fax: _____

SHIPPING ADDRESS

Company: _____
 Address1: _____
 Address2: _____
 City: _____
 State: _____
 Zip: _____
 Phone 1: _____
 Phone 2: _____
 Fax: _____

PASSENGER INFORMATION	DATE OF BIRTH	DATE OF DEPARTURE	PASSPORT NEEDED BY

PASSPORT SERVICES	Govt Fee	Service Fee	VISA SERVICES	Govt Fee	Service Fee
2 day service		\$350.00			\$300.00
3 – 5 day service		\$250.00			
10 Days		\$150.00			

PAYMENT OPTION

Master Card
 Visa
 AMEX
 Discover

Credit Card Number Expire Date CVV#

Name as printed on card _____
 Billing Address _____ City/State/Zip _____
 Billing Home Number _____ Email _____

Note: By submitting this form, I authorize A-Passport & Visa Services to charge the above mention fees. We assume no responsibility for loss, delay or rejection of any document held by the US government, foreign embassies and consulate, mail and courier services. No refund No cancel orders. Consulate and government fees are separate and may vary.

from our