SERVICE ORDER FORM

A-PASSPORT & VISA SERVICES
#1 Visa & Passport Expediter in New York

http://www.avisaservices.com/

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 SRVICES	Govt Fee	Service Fee

Visa service	Govt Fee	Service Fee

PAYMENT OPTION

Select Card Type: Visa

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 mentioned fees. We assume no responsibility for loss, delay or rejection of any documents held by the US government, foreign embassies or consulate, mail and courier services. No refund and no cancel orders. Consulate and government fees are separate and may vary.

Our service fees may vary depending on the service you are being provided.