

A-1 Passport & Visa Express

1411 K Street NW. Suite 805 Washington, DC. 20005~Tel: (202) 639-1500~Fax: (202) 639-9596~E-mail: samcarlo@msn.com

Request form for passport/visa processing

This form is for A-1 Passport & Visa Express and must be fully completed and included with every request for passport/visa processing. The purpose of this form is to clearly identify what type of processing is needed, date of immediate travel out of the U.S. and where to ship your documents to. **THIS IS AN ORDER FORM NOT PASSPORT/VISA APPLICATION.**

Today's Date: _____

Service requested by : (Name) _____
(Email) _____ (Phone) _____

Your Company's: (Name) _____
(Address) _____

Project Number: _____

FULL NAME OF APPLICANT(S):

PASSPORT PROCESSING: (If you have a passport and only need visas, please skip this section)
(Please circle one)

[New/First Time U.S. Passport] – [Renewal of U.S. Passport] – [Add Passport Pages] – [2nd. Passport]
[Passport amendment]

VISA PROCESSING: (List the countries you require a visa and number of entries required)

1) _____ Single – double - Multiple 3) _____ Single – Double – Multiple
2) _____ Single – double - Multiple 4) _____ Single – Double - Multiple

IMMEDIATE DEPARTURE DATE FROM THE U.S.A – (VERY IMPORTANT): _____

APPLICANT'S EMAIL ADDRESS: _____
DAY TIME TELEPHONE NUMBER :(_____) _____ **CELL**(_____) _____

SHIPPING ADDRESS TO RETURN YOUR PASSPORT/VISA: (We only ship via Fed Ex)

Name _____
Company _____
Address _____
City, Sate, Zip _____

TYPE OF PAYMENT: (CHECKS SHOULD BE MADE PAYABLE TO: A-1 PASSPORT & VISA EXPRESS)

FOR PAYMENT BY CREDIT CARD PLEASE COMPLETE AUTHORIZATION ON THE NEXT PAGE

CREDIT CARD AUTHORIZATION FORM

I, _____, (print full name) Authorize A-1 Passport & visa Express to charge \$_____ (Please leave blank if you are not yet sure what the total would be, otherwise print amount in words):

_____ to the credit card of my choice as indicated below (check one)

Visa MasterCard American Express Discover

Credit Card Number _____ 3/4 digits Security number _____

Expiration date: Month _____ Year _____

Credit card billing address including zip code _____

_____ Three digit credit card code number at the back of your credit card _____

Company credit card code number if any _____

Billing Telephone # _____

Day time Telephone # _____

Signature: _____

Date signed: _____

SHIPPING INSTRUCTIN:

Please note that it is always best to send your document to the following address using only Fed Ex Priority overnight service:

Attention: Sam Carlo
A-1 Passport & visa Express
1411 K Street #805 N.W.
Washington, DC. 2005
Tel: (202) 639-1500

IT IS ALWAYS BEST CALL OUR OFFICE PRIOR TO SEINDING YOUR DOCUMENTS.