

PASSPORT PLUS VISAS, INC.

20 EAST 49TH STREET, 3RD FL
NEW YORK NY 10017



Tel: 212-759-5540 E-mail: info@passportplusvisas.com

Order Form

Applicant Information

Traveler One (1):

First Name:	Last Name:	DoB:
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E-mail Address:	Cell Phone #:
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Traveler Two (2):

First Name:	Last Name:	DoB:
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E-mail Address:	Cell Phone #:
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Services Requested (check all that apply)

US Passport Services:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> 2 nd Passport	<input type="checkbox"/> Name Change	<input type="checkbox"/> Lost	<input type="checkbox"/> Passport Card
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Visa Services:	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> Other:
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Type of Visa (# of entries):	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Multiple	<input type="checkbox"/> Not Sure
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Country/Countries:	Processing Speed Requested:
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Date of Departure from USA:	Date Needed in Your Hands:
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Additional Services

Trip Registration	<input type="checkbox"/> YES	<input type="checkbox"/> No	Fee: \$15 (covers US Embassy registration for your entire trip for countries specified above)
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Document Pre-Check	<input type="checkbox"/> YES	<input type="checkbox"/> No	Fee: \$50 (scan & e-mail copies of your paperwork for review & corrections prior to submission to avoid delays in processing)
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Contact Information (for questions, status updates, additional requests, invoice copies, etc. NOT emergency contact)

Name:	Relationship to Applicant:
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Phone #:	E-mail:
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Shipping/Delivery Information (where to ship/deliver your paperwork back)

Shipping/Delivery Method:	<input type="checkbox"/> FedEx O/N	<input type="checkbox"/> FedEx 2 Day	<input type="checkbox"/> My FedEx Acc:	<input type="checkbox"/> Delivery	<input type="checkbox"/> Pick Up
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Shipping/Delivery Address: (no PO BOX)	Company:	Name:
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Street Address:

City:	State:	Zip Code:
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Phone #:	E-mail:
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Payment Information

Form of Payment	Check (company)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
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Credit Card Info:	Card Number:	Exp. Date:	CVV Code:
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Cardholder's Name:	Billing Zip Code:
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Receipt Information:	<input type="checkbox"/> For Individual (add address):
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	<input type="checkbox"/> For Company (add company name & address):
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Authorization to Charge:	Signature:	Date:	Amount: \$
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Please send all required documents for processing to the address above. Service and embassy fees are non-refundable and are subject to change without notice. Passport Plus Visas, Inc. is not responsible for any policy changes at the Passport Agency or any of the Embassies as well as delays, damages or loss of documents resulting from the actions of the Passport Agency, any Embassies, FedEx or postal services. Please note shipping time/delivery time to and from our office is not included in the processing time. By sending this order form, you agree to receive occasional e-mails from Passport Plus Visas with important updates and announcements.

IN:
OUT: