## **AMERICAN VISA SERVICE**

53 W. Jackson Blvd., Ste 1226 Chicago IL 60604





## **AVS Order Form**

Applicant Information  Traveler One (1):									
Traveler One (1):		1							
First Name:		Last	Name:					DOB:	
Traveler Two (2):		1							
First Name:		Last	Name:					DOB:	
Traveler Three (3):		1							
First Name:		Last	Name:					DOB:	
Services Requested (check all that apply)									
US Passport Services:	New Renew	/al [	2 <sup>nd</sup> Pass	spor	t 🔲 Name (	Change	Lost L	Passpo	rt Card
	O O				)		<u> </u>		7- " ""
Visa Services:	Tourist U	Busin	ness	<u>_</u>	Employment		Residence	e L	Family Visit
Type of Visa (entries):	Single	Doub	le		Multiple	<u>l</u>	Not Sure		
Country/Countries:					Processing Sp	eed Red	quested:		
Date of Departure from USA:					Date Needed	in Your	Hands:		
Date of Departure from Cort.					Date Necded	III TOUI	riarias.		
Shipping Information (where to ship your paperwork back)									
Shipping Method:	FedEx Overnight	(	FedEx 2	2 Day	/ Use My I	Label/Fe	edEx Accoun	t #:	
	Company: Name:								
Shipping Address:	Street Address:								
(no PO BOX)	City: State:						Zip Code:		
	E-mail:		Phone Number:						
	C-IIIdII.				Priorie N	umber.			
Contact Information (for	questions, status upd	lates,	, addition	al re	equests, etc)-	- this is	NOT your	emerge	ncy contact
Name:	Relationship t				o Applicant:				
Phone #:			E-mail:						
THORE #.		I							
Payment Information									
Form of Payment	Check (company)		Visa 🗌	<u>)</u> м	asterCard 🗀	AMEX	Discove		aid on website
	Card Number:				Exp. Date	e:	C\	/V Code:	
Credit Card Info:	Cardholder's Name:								
	Billing Zip Code:								
Authorization to Charge:	Signature:				Date:		Amo	unt: \$	
<u>Disclaimer</u> : Please send all required doc	cuments for processing to the ad								
AVS is not responsible for any policy char Passport Agency, any Embassies, FedEx									
announcements.	o. postar sorvices. by seriality	,		Ju dy					
		_		_	<del></del>			_	