AMERICAN VISA SERVICE

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

Tel: 312-922-8860 E-mail: info@avschicago.com

AVS Order Form

	Applicant Information		
Traveler One (1):			
First Name:	Last Name:	DOB:	
Traveler Two (2):			
First Name:	Last Name:	DOB:	
Traveler Three (3):			
First Name:	Last Name:	DOB:	
Services Requested (check all that apply)			
US Passport Services:	al 2 nd Passport Name Change Lost	Passport Card	

US Passport Services:					
Visa Services:	Tourist	Business	Employment	Residence	🔲 Family Visit
Type of Visa (entries):	Single	Double	Multiple	Not Sure	
Country/Countries:			Processing Spee	ed Requested:	
Date of Departure from USA:			Date Needed in	Your Hands:	

	Shipping Information	(where to ship your paperwork b	ack)	
Shipping Method:	FedEx Overnight	FedEx 2 Day Use My Label	/FedEx Account #:	
	Company:	Name:		
Shipping Address:	Street Address:			
(no PO BOX)	City:	State:	Zip Code:	
	E-mail:	Phone Numbe	r:	

Contact Information (for questions, status updates, additional requests, etc)- this is NOT your emergency contact			
Name:		Relationship to Applicant:	
Phone #:		E-mail:	

Payment Information					
Form of Payment	Check (company)	🗌 Visa	MasterCard AME		
Credit Card Info:	Card Number:		Exp. Date:	CVV Code:	
	Cardholder's Name:				
	Billing Zip Code:				
Authorization to Charge:	Signature:		Date:	Amount: \$	

Disclaimer: 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. AVS 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. By sending this order form, you agree to receive occasional e-mails from AVS with important updates and announcements.

