

**INTERNATIONAL VISA SERVICE**

**NEW!** 44081 Pipeline Plaza, Suite 210

Ashburn VA 20147

Tel: 703-726-0300 E-mail: cs@ivsdc.com



**IVS Order Form**

**Applicant Information**

<b>Traveler One (1):</b>		
First Name:	Last Name:	M.I.:
<b>Traveler Two (2):</b>		
First Name:	Last Name:	M.I.:

**Services Requested (check all that apply)**

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

**Additional Services**

Trip Registration	<input type="checkbox"/> YES	<input type="checkbox"/> No	Fee: \$15 (covers US Embassy registration for your trip. Add Trip Reg. Application).
Passport Protection	<input type="checkbox"/> YES	<input type="checkbox"/> No	Fee: \$25 (covers lost/stolen/damaged passport replacement up to 3 years from the date of issue. Does not include government, post office and shipping fees). For passport orders only.

**Shipping Information (where to ship your paperwork back)**

Shipping Method:	<input type="checkbox"/> FedEx Overnight	<input type="checkbox"/> FedEx 2 Day	<input type="checkbox"/> Use My Label/FedEx Account #:		
Shipping Address: (no PO BOX)	Company:		Name:		
	Street Address:				
	City:		State:	Zip Code:	
	E-mail:		Phone Number:		

**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	<input type="checkbox"/> Check (company or personal)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Credit Card Info:	Card Number:		Exp. Date:		
	Cardholder's Name:				
	Billing Address:				
Authorization to Charge:	Signature:		Date:	Amount: \$	

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. IVS 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 IVS with important updates and announcements.

