

TRAVELER INFORMATION:

Date passport must be back in your possession: ___ / ___ / ___
mm dd yyyy

Green Card Holder : Y [] N []

Date of next International trip: ___ / ___ / ___
mm dd yyyy

Name : _____ Email: _____

Contact Name : _____ Phone: _____ Fax: _____

RETURN DOCUMENTS TO THIS ADDRESS:

Name: _____ Company: _____

Street : _____ City: _____ State: _____ Zip: _____
NO PO BOX

Tel #: _____ The address listed above is Residential: [] Business: []

I Authorize Delivery w/o ___/ with___ Signature: Name (print) _____ Signature: _____

SERVICE REQUESTED:

Select the type of service you request by placing a check mark in the appropriate box for each service you are ordering.

Passport: First Time: [] Renew: [] Pages: [] 2nd Passport: []

Table with 5 columns: Visas, Tourist, Business, Transit, No. of Entries. Rows for Country #1, #2, #3.

I understand that any visa request that is needed in five business days or less OR any passport request that is needed in ten business days or less will be assessed a rush or emergency surcharge.

PAYMENT METHOD FOR APPLICABLE FEES:

MasterCard: [] Visa: [] Money Order: [] No Personal Checks

I hereby authorize Atlas Visa Services, Inc to charge the cost of its professional visa and passport services to the following credit card, I agree to pay this amount to my credit card company.

Name on Card : _____

Card Number: _____ Expiration Date: ___/___/___ Signature: _____
mm yy

MAIL TO: Atlas Visa Services
1751 Clarendon Blvd
Arlington, VA 22201
Tel: 703-418-0800
Fax: 703-418-2449

AGENCY LIABILITY NOTICE: By submitting this signed form, the applicant appoints AVS to act solely as agent in the processing of their visa and passport application(s). As agent AVS cannot be held liable for any loss, damage, or delay which may occur.