

## **SERVICE ORDER FORM**

FIRST NAME	MIDDLE INITIAL	LAST NAME					
PHONE	EMAIL ADDRESS						
<b>BILLING ADDRESS</b>		SHIPPING ADDRESS					
COMPANY		COMPANY					
ADDRESS 1		ADDRESS 1 ADDRESS 2					
ADDRESS 2							
TY		CITY					
ATE		STATE					
ZIP		ZIP PHONE 1 PHONE 2					
PHONE 1							
PHONE 2							
FAX		FAX					
PASSENGER(S)INFORMATION							
NAME	DATE OF BIRTH	DATE OF DEPARTURE	PASSPORT NEEDED BY				

PASSPORT SERVICES V						VISASERVICES						
QTY		GOVT FEE	SERVICE FEE	SHIPPINGFEE		QTY			GOVT FEE	SERVICE FEE	SHIPPING FEE	
	Sameday						Same Day					
	2-3 Days						2-3 Days					
	3-5 Days						4-5 Days					
	5-9 Days											
	9-12 Days											
PAYMENT OPTION MASTERCARD VISA AMERICAN EXPRESS DISCOVER												
CREDITO	REDIT CARD NUMBER						EXPIR	ATION		CCV		
NAME	AS SHOW ON CARD											
BILLING ADDRESS CITY/STATE/ZIP												
BILLIN	G PHONE			EMA	IL							
,Hereby authorize 24 Hour passport and visas to process a one time charge of to the provided credit card												

WE ACKNOWLEDGE THE TERMS AND CONDITIONS THAT 24 HOUR PASSPORT AND VISAS ASSUME NO RESPONSIBILITY FOR ANY LOSS OR DELAY OF ANY PASSPORT OR VISAS HELD BY THE US STATE DEPARTMENT, EMBASSIES OR COURIERS. WE UNDERSTAND THAT THERE ARE NO REFUNDS FOR THE SERVICES PROVIDED AS WELL AS CANCELLED ORDERS.