



SERVICE REQUEST FORM

In order to process your requested service properly and on a timely basis, please include this form with all your applications.

FULL NAME OF APPLICANT : _____

Phone (daytime): _____ Phone (Mobile): _____ E-Mail: _____

Person requesting the service (If different from the Applicant): _____

Phone (daytime): _____ Phone (Mobile): _____ E-Mail: _____

DEPARTURE DATE FROM USA: ____ / ____ / ____ Passport must be in your possession by: ____ / ____ / ____
month day year month day year

RETURN DOCUMENTS TO FOLLOWING ADDRESS **-OR- CALL FOR PICK-UP** Phone: _____

Name: _____ Company: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

NO PO BOX

SHIPPING METHODS:

Federal Express – IPV Account Number (Additional fees apply) - Will Send Priority Overnight Unless Requested Otherwise.

Applicant's/third party Fed Ex account Number Account #: _____

Courier service of your choice (Airbill Enclosed)

SERVICES REQUESTED:

PASSPORT SERVICES:

Form Ds-11 First Time/Minors/Lost/Stolen/Mutilated
Form DS-82 Renewal/2nd Passport
Form DS-4085 Additional Visa Pages
Form DS-5504 Name Change/Correction/ Limited

VISA SERVICES:

	Tourist	Business	Work	Student	Transit	Other	Number of Entries
Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

METHOD OF PAYMENT:

Visa Master Card American Express Check (Only CA Checks) Money Order

Card Number: _____ Expiration Date: ____ / ____ Security Code: _____
month year Three(3)digit number (back of card)

Credit Card Billing Address:
(No PO Box) Street: _____ City: _____ State: _____ Zip: _____

I, _____, authorize IPV to charge the fees for the services provided to my credit card.
Card Holder's Name

CARD HOLDER'S SIGNATURE: _____ Phone Number: _____

We, at International Passport and Visa (IPV), do our best to provide you with a unique and professional service. However, sometimes despite our earnest effort, due to unforeseeable events such as forcemajeurs, acts of God and above all red tape we fail to meet our high standards. By submitting this form, you acknowledge that IPV shall not be held liable for any financial losses or damages as a result of decisions, mistakes or delays by US government, embassies/consulates, or courier services, nor shall such events affect fees for services rendered. Therefore, under any conditions IPV's total liability is limited to the fee you have paid to IPV or \$500.00, whichever is less.