International PASSPORT & VISA
WE CONTINUE TO DO THE IMPOSSIBLE

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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** (EVENING): _____

PHONE (MOBILE): _____ **E-MAIL ADDRESS:** _____

PERSON REQUESTING SERVICE
(IF DIFFERENT FROM APPLICANT): _____

PHONE (DAYTIME): _____ **PHONE** (EVENING): _____

PHONE (MOBILE): _____ **E-MAIL ADDRESS:** _____

DATE OF DEPARTURE (FROM USA): ____/____/____ (MONTH / DAY / YEAR) **PASSPORT MUST BE IN YOUR POSSESSION BY:** ____/____/____ (MONTH / DAY / YEAR)

RETURN DOCUMENTS TO:

☐ **CALL FOR PICK-UP:** ☐DAYTIME ☐EVENING ☐MOBILE ☐OTHER _____
☐ **MAIL TO** (NO P.O. BOXES):

NAME: _____ COMPANY: _____ PHONE: _____

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SHIPPING METHOD:
☐FedEx® using IPV Account Number (Sent Priority Overnight unless requested otherwise; Additional fees apply).
☐Applicant or third-party FedEx® Account Number: _____
☐Courier service of your choice (Airbill Enclosed)

PASSPORT SERVICES:

☐FORM DS-11 (First Time/Minors/Lost/Stolen/Mutilated) ☐FORM DS-82 (Renewal/Second Passport) ☐FORM DS-4085 (Additional Visa Pages) ☐FORM DS-5504 (Name Change/Correction/Limited)

PROCESSING TIME: ☐5 WORKING DAYS ☐48 HOURS ☐NEXT DAY ☐SAME DAY

VISA SERVICES:

Country:_____ ☐Tourist ☐Business ☐Work ☐Student ☐Transit Other _____ Number of Entries _____

PROCESSING TIME: ☐REGULAR ☐EXPRESS ☐RUSH ☐ULTRA RUSH

Country:_____ ☐Tourist ☐Business ☐Work ☐Student ☐Transit Other _____ Number of Entries _____

PROCESSING TIME: ☐REGULAR ☐EXPRESS ☐RUSH ☐ULTRA RUSH

METHOD OF PAYMENT:

☐VISA ☐MASTERCARD ☐AMERICAN EXPRESS ☐CHECK (ONLY CA CHECKS) ☐MONEY ORDER

CARD NUMBER: _____ EXPIRATION DATE: __ / 20__ (MONTH / YEAR) CVV: ____ (3 OR 4 DIGIT CODE ON BACK OF CARD)

CREDIT CARD BILLING ADDRESS (NO P.O. BOXES):

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

I, _____, authorize IPV to charge the fees for the services provided to my credit card.
(PRINT CARDHOLDER'S NAME (AS IT APPEARS ON CREDIT CARD))

CARDHOLDER'S SIGNATURE:_____ **DATE :** _____/_____/_____

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 force majeure, 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.

HOW DID YOU HEAR ABOUT US?
☐INTERNET ☐YELLOW PAGES ☐RETURNING CLIENT ☐REFERRAL
☐OTHER (SPECIFY:_____)

OPTIONAL — **NAME:** _____ **PHONE:** _____ **COMPANY:** _____