International PASSPORT & VISA
WE CONTINUE TO DO THE IMPOSSIBLE

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SERVICE REQUEST FORM

HOW DID YOU HEAR ABOUT US? ☐ RETURNING CLIENT ☐ REFERRAL ☐ INTERNET ☐ YELLOW PAGES

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:

☐ **CALL FOR PICK-UP:** ☐ DAYTIME ☐ EVENING ☐ MOBILE ☐ OTHER _____

☐ **SHIP TO** (NO P.O.BOXES):

SHIPPING METHOD:

☐ FedEx® (IPV Account)* ☐ FedEx®: _____ (YOUR ACCOUNT) ☐ Airbill Enclosed ☐ Other: _____ (SPECIFY)

* IPV Account is FedEx Priority Overnight® unless requested otherwise. (Additional fees apply)

NAME: _____ COMPANY: _____ PHONE: _____

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

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 TIMES: ☐ 10 WORKING DAYS ☐ 7 WORKING DAYS ☐ 3-4 WORKING DAYS ☐ 2 WORKING DAYS (Next Day) ☐ CALL FOR SAME DAY

VISA SERVICES:

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

PROCESSING TIMES: ☐ REGULAR ☐ EXPRESS ☐ RUSH ☐ ULTRA RUSH ☐ OTHER: _____

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

PROCESSING TIMES: ☐ REGULAR ☐ EXPRESS ☐ RUSH ☐ ULTRA RUSH ☐ OTHER: _____

METHOD OF PAYMENT:

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

CARD NUMBER: | | | | | | | | | | | | | | | | EXPIRATION DATE: | | / 2 0 | | CVV: | | | | |
(MONTH) (YEAR) (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 un- foreseeable 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.

By completing and sending this form with your information you agree with our terms and conditions.

* For all Government and Consulate fees paid by credit or debit card a 5% charge applies.