



1011 Arlington Blvd
Suite 624
Arlington, VA 22209
Toll free: 877-729-4715
Fax: 866-578-8523

ABC VISA & PASSPORT SVCS REQUEST SHEET

Please fill out this form and send a copy to ABC VISA & PASSPORT SVCS.
The accurate completion of this form will help us secure your passport in the timeliest manner...

Company Name: _____ Phone: () _____ Fax: () _____

Requested by: _____ Date: _____

Applicant's Full Name: _____ Date of Birth: _____

Social Security #: - - Country of Birth: _____

CHECK ALL THAT APPLY:

___ FIRST TIME (form DS-11) IT MUST BE IN A SEALED ENVELOPE

___ RENEWAL (form DS-82)

___ AMENDMENT (form DS-4085)

___ CONSULAR VITAL RECORD (SEARCH REQUEST)

Departure Date: _____ Needed by: _____ Visa Needed? _____

IF YES WHAT COUNTRY: _____

TYPE OF SERVICE

Same Day []	24 Hours []	48 Hours []	RUSH (3-5 Days) []	Regular (6-10 Days) []
\$ 199.00	\$ 155.00	\$ 125.00	\$ 110.00	\$ 85.00

METHOD OF PAYMENT:

Direct Bill# _____ Full Name _____

Credit Card Type: _____ Card # _____ Exp. Date: _____

Billing Address of this credit card: _____ City _____

State _____ Zip _____ Signature _____

Check Enclosed: _____ Check # _____ Total Amount Paid: _____

SPECIAL INSTRUCTION: PLEASE INCLUDE THE ADDRESS AND PHONE NUMBER WHERE THE PROCESSED PASSPORTS ARE TO BE RETURNED TO YOU ON A WRITTEN OR TYPED RETURN AIR WAYBILL (FEDEX, UPS, AIRBORNE)