

## Passport and Visa SUBMISSION FORM

TRAVELER INFORMATION		DATE:/		
Date passport must be back in y	our possession:///	Green Card	d Holder: Y	□ N □
	ernational trip:///yyyy		Rush: Y	ПИП
Name:		Email:		
Contact Name:	Phone:	F	ax:	
RETURN DOCUMENTS TO THIS	S ADDRESS			
Name:		_Company:		
Street:NO PO BOX	City:	S1	tate:	Zip:
Tel #:				
I Authorize Delivery w/o/ w	ith \$7.00_Signature: Name (p	orint)	Signatı	ure:
SERVICE REQUESTED (Pass Select the type of service you request by Passport: First Time:	placing a check mark in the appropriate	box for each service		ng.
Visas: Country #1:	Tourist	Business	Transit	No. of Entries
Country #2:				
Country #3:				
I understand that any visa required business days or less will be assessed a ru	est that is needed in five business days or shor emergency surcharge.	less OR any passport	request that is r	needed in ten
PAYMENT METHOD FOR APP	LICABLE FEES:			
American Express: Maste	rCard: Visa: Mon	ey Order:	No Person	al Checks
I hereby authorize Atlas Visa Services, Inc to pay this amount to my credit card cor		and passport service	es to the followi	ng credit card, I agree
Name on Card:	Billing	g Zip Code <u>:</u>	CV	<u>V:</u>
Card Number:	Expiration	Date:/	Signature:	

Atlas Visa Services will not be held liable for any events beyond our control that will delay the issuance of the applicant's passport or visa due to a delay at a consulate, embassy or US State Department or overnight shipping delay by a third party. Atlas Visa's service fees and the consular's fees are based upon the request submitted, and will not be refunded in the event that the passport or visa is denied, delayed or an alternate visa or passport is approved by the issuing agency. Please keep in mind, when dealing with foreign governments, notification of changes and protocol may change at little or no notice.

MAIL TO: Atlas Visa Services, 1751 Clarendon Blvd, Arlington, VA, 22209 Tel: +1 703-418-0800