

AMERICAN VISA OF DC

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www.americanvisadc.com

THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC

Contact Person's Name: _____ Phone and email: _____

SHIPPING INSTRUCTIONS: *Return completed process to (please check option and provide return address):*

BUSINESS: Company Name: _____ Contact Name _____
Address _____ Apt#/Mail Code _____
City _____ State _____ Zip Code _____
Phone # _____ Email Address _____

Home: Special Instructions (if any): _____
Name: _____ Phone _____
Address _____ Apt# _____
City _____ State _____ Zip Code _____
Email address: _____ Mobile Phone # _____

TRAVELER(S) INFORMATION:

Departure Date from U.S.A.: _____ **Must Receive by this date:** _____*

*Rush fees **will be** applied to meet this date **if necessary**

1) Last Name: _____ First Name _____
Passport #: _____ Passport Expires: _____ Date of Birth ___/___/___

2) Last Name: _____ First Name _____
Passport #: _____ Passport Expires: _____ Date of Birth ___/___/___

VISA PROCESSING – Name of country(s) to be visited: _____

Number of Entries: *(please check)* Single Double Multiple *(Multiple entries may not be applicable to all countries)*

Type of Service requested: Regular Rush Same day

(All types of services may not be available for every country. Please call or email us for details)

U.S. PASSPORT PROCESSING: 1st Time (DS-11) Renewal (DS-82) Add Pages (DS-4085)
 2nd Passport Passport Card Other _____

Type of Service requested:

Regular (8 to 14 days) Rush (5 to 7 days) Three Day Two Day Next Day

SAME DAY *(Please call or email us for special instructions before sending).*

PAYMENT: (check one)

I authorize American Visa of DC to charge my credit card for payment of passport/visa services.

Credit Card holders' name _____ Number _____

Exp. Date: _____ Signature _____ Date: _____

Check or Money Order made out to "American Visa of DC" for \$ _____ enclosed.

My company has a prearranged billing agreement. Please invoice all charges to:

Same as shipping above.

Address below:

Business Name _____ Contact Person: _____

Address _____ Apt#/Mail Code _____

City _____ State _____ Zip Code _____ Phone # _____

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas cause by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. Requirements and fees relating to this request are subject to change without notice. See our website or call for the latest fees and requirement details