

Ambassador Passport and Visa Services, Inc., 2811 Wilshire Blvd., Suite 720, Santa Monica, CA 90403 Tel: (310) 828-7878 • Fax: (310) 828-7474

Ambassador Passportand Visa.com

info@ambpv.com

This form is to advise Ambassador Passport and Visa Services of the type of service you are requesting, the departure date of your trip, and the return address for mailing the completed documents. In order to properly process your requested service, please include this form with your Passport / Visa application request.

Name of Applicant			Compan	y Name (Optiona	I)		
Telephone			E-Mail A	ddress			
Address			City		State	ZIP	
PASSPORT SERVICES R	REQUESTED (Skip if requ	esting a Visa only)					
First Time Passport	O Lost Passport O P	assport Amendme	nt O Passp	ort Renewal	Passport Card	2nd Valid Pass	port
Processing Time C	Regular	O Rush O Ultra	Rush OS	Same Day			
VISA PROCESSING REC	QUESTED (Skip if request	ing a Passport Only)					
Name of Country	○ Single Entry ○ Double Entry ○ Mutiple Entry ○ Other						
Name of Country		Single Ent	Single Entry ODouble Entry OMutiple Entry Other				
TRAVEL DATE	DATE DOCUMENTS ARE NEEDED						
Processing Time C	Regular	O Rush O Ultra	Rush OS	Same Day			
OTHER DOCUMENT SEI	RVICES (Skip if not requir	ing)					
Concierge Service	Pre-Check Serv	ice O Digital P	hoto Servic	:e			
PAYMENT METHOD	O AmEx O VI	SA MasterCa	rd Ch	eck () Mone	ey Order		
Cardholder's Name			Card Nur	nber			
Expiration Date			CVC Cod	e			
Billing Address							
	hereby authoriz	e Ambassador Passpoi	rt and Visa Serv	ices to charge the co	ost of services rend	ered to the above credi	it card.
RETURN METHOD	FedEx Overnight	FedEx 2nd Day Air	Fedl Saturday		/ill Call O	ther	
Name of Applicant			Company Name (Optional)				
Telephone			City		State	ZIP	
Address			E-Mail Address				