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ZIP

State

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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 Company Name (Optional) **E-Mail Address** Telephone **Address** ZIP City **State DOCUMENT SERVICE REQUESTED** Translation **○ FROM Language ○** TO Language Type of Document O Professional Medical Academic **○** Other Legal Government **Document Authentication** Apostille *PRICE AS QUOTED ○ AmEx ○ VISA PAYMENT METHOD MasterCard Money Order Check **Card Number** Cardholder's Name **CVC Code Expiration Date Billing Address** hereby authorize Ambassador Passport and Visa Services to charge the cost of services rendered to the above credit card. **FedEx FedEx FedEx** RETURN METHOD **○** Will Call Saturday Delivery Other 2nd Day Air Overnight Name of Applicant Company Name (Optional)

City

E-Mail Address

Telephone

Address