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 ${\bf Ambass ador Pass portand Visa. com}$

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.

Full Name of Applicant			
Name of Company			
Telephone		Address	
BRITISH PASSPORT SERVICES REQUESTED			
Processing Time ORegu	ular CRush		
VISA PROCESSING (Skip if requesting a Passport Only)			
Name of Country	○ Single Entry	y ODouble Entry Mutiple Entry	Other
Name of Country	○ Single Entry	y ODouble Entry Mutiple Entry	Other
Name of Country	○ Single Entry	y ODouble Entry Mutiple Entry	Other
Processing Time Regular Express Rush Ultra Rush			
TRAVEL DATE			
PAYMENT METHOD			
Cardholder's Name		Card Number	
Expiration Date		CVC Code	
Billing Address			
I hereby authorize Ambassador Passport and Visa Services to charge the cost of services rendered to the above credit card.			
RETURN METHOD	FedEx	FedEx Saturday Delivery Will Call	Other
Full Name		Company Name (Optional)	
Address		City State	e ZIP
Telephone		E-Mail Address	