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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 SERVI	CES REQUESTED					
Processing Time ORe	gular	Rush				
VISA PROCESSING (Skip if requesting a Passport Only)						
Name of Country		Single Entry	O Double Entry	○ Mutiple Entry	Other	
Name of Country		○ Single Entry	O Double Entry	Mutiple Entry	Other	
Name of Country		○ Single Entry	O Double Entry	Mutiple Entry	Other	
Processing Time ORe	gular C Express	Rush OUltra I	Rush			
TRAVEL DATE						
PAYMENT METHOD	○ AmEx ○ VISA	○ MasterCard	○ Check	○ Money Order		
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 Overnight	FedEx) 2nd Day Air (FedEx) Saturday Delivery	√ ○ Will Call	Other	
Full Name			Company Nar	ne (Optional)		
Address			City	State		ZIP
Telephone			E-Mail Address	5		