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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			Company Name (Optional)					
Telephone			E-Mail	Address				
Address			City		.50	State	ZI	P
PASSPORT SERVICES R	EQUESTED							
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TRAVEL DATE		DATE D	OCUMENT:	S ARE NEE	DED			
PAYMENT METHOD								
Cardholder's Name			Card N	umber				
Expiration Date			CVC Co	ode				7
Billing Address								
1	hereby author	ize Ambassador Passp	ort and Visa S	ervices to cha	rge the cost o	of services rend	ered to the al	oo vecredit card.
RETURN METHOD	FedEx Overnight	FedEx O 2nd Day Air		edEx ay Delivery	O Will (Call O	ther	
Name of Applicant			Comp	any Name	(Optional)			
Telephone			City			State	ZI	P
Address			E-Mail	Address				
Statement of Non-Liability: Amt travel agencies, courier services, f fice or visa office or any of the abo occurred by delay in the process. agree to these terms.	oreign governments, various rec ove agencies can delay or deny p	ords departments, as well passports, visas or birth ce	as uncontrollabl rtificates. Ambas	e events such as sador Passport a	s force majeure and V isa Services	and acts of God. I on a specific to a specif	understand tha eld liable for an	t the passport of- ly financial loss
I AGREE TO THE TERM	S AND CONDITIONS	ABOVE						
SIGNATURE	D	DATE						