

Travel Visa Plus
 580 California Street Suite 1246
 San Francisco, CA 94104
 | Tel: (415) 568-2165 | Fax: (415) 651-8974 | Website: www.Travelvisaplus.com
MANUAL PASSPORT ORDER FORM

DEPARTURE DATE: _____ NEED BY DATE: _____

APPLICANT(S):			
1) First Name:	Last Name:	Date of Birth:	Passport No:
2)			
3)			

PASSPORT(S) REQUESTED:			
TYPE: (New, Renewal, Minor, Replacement, 2nd, Card, etc.)	GOVERNMENT FEE <i>(Fee for processing)</i>	SERVICE FEE <i>(Speed /Type of Service)</i>	CONVENIENCE FEE <i>(Only Applies to Credit Card Processing)</i>
1)		\$	\$
2)		\$	\$
3)		\$	\$

RETURN FEDEX:
<input type="checkbox"/> \$28.00 - FedEx 1 to 3 passports <input type="checkbox"/> \$38.00 - FedEx 4 to 6 passports <input type="checkbox"/> \$54.00 - FedEx to Alaska, Hawaii and Puerto Rico, or Saturday Delivery

TOTAL FEE: \$

PAYMENT METHOD: <small><i>(Payment made by credit or debit card is subject to convenience fee of \$14.95)</i></small>			
Card Type:	Credit Card Number:	Expiration Date:	
Name on Card:	Security Code:	Billing Zip Code:	

I authorize Travel Visa Plus to charge the total fee listed above plus the convenience fee to my credit card. I understand that requirements and fees are subject to change without prior notice, and that all fees are non-refundable.
(Note: If billing is different than shipping address, please notify the office)

CARDHOLDER'S SIGNATURE:	DATE:
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Money order, personal or company check - Payable to **"Travel Visa Plus"**
Personal or company check will not be accepted for same or next day processing.

IMPORTANT NOTES:
 Requirements and fees are subject to change without prior notice. All fees are non-refundable.

RETURN SHIPPING ADDRESS VIA FEDEX:		
Street <i>(Do not use P.O. Box):</i>		
Suite/Apt #:		
City:	State:	Zip Code:
Recipient's Name:	Phone No:	
Email Address:		

SOURCE:
How did you hear about us?
<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Yelp <input type="checkbox"/> Referral <input type="checkbox"/> Current client <input type="checkbox"/> Other: _____