



**The Visa and Document Company**

1725 DeSales Street NW #808  
Washington, DC 20036  
Phone: (202) 393-3030 Fax (866) 463-2747  
Web: [www.washingtonexpressvisas.com](http://www.washingtonexpressvisas.com)  
Email: [info@washingtonexpressvisas.com](mailto:info@washingtonexpressvisas.com)

**Passport Request Form\***

\*Please make a copy of this complete form for your records and enclose the original in an envelope along with your documents to be processed and mail to the address above.

**Contact Information & Return Address**

**(Please add return address if different from contact information)**

Name: \_\_\_\_\_ Signature Required: \_\_\_ Y \_\_\_ N  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Requested (please mark one)**

\_\_\_ 5 day expedite

**Passport Service Requested**

\_\_\_ New passport

\_\_\_ Name change

\_\_\_ Passport renewal

\_\_\_ Lost/Stolen

\_\_\_ Duplicate Passport

**If you found us online, what search term did you use? (For marketing purposes only)**

\_\_\_\_\_

X \_\_\_\_\_

Signature\*

X \_\_\_\_\_

Date

\*By signing this form, I grant Washington Express' Visas designee the right, on my behalf, to execute the documents that are necessary and appropriate to secure the desired processing.

\*\*Please note: Both the Passport Request Form and the Passport Authorization Form must be filled out and signed and originals sent to Washington Express Visa.

**For payments please complete the Credit Card Authorization Form on page 2.**



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**Credit Card Authorization Form\***

\*Please sign and return to Washington Express Visas along with your other request forms and application.

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

CreditCardType: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

CreditCardNumber: \_\_\_\_\_

ExpirationDate: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

I authorize **Washington Express Visas (WEXV)** to charge the above card for charges related to WEXV Service Fees, Embassy and/or Department of State Agency Fees and shipping costs (if applicable)\*. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

\*Be aware that some of the above charges are not known in advance and may not be reflected in the initial quote.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PrintName: \_\_\_\_\_