



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
Email: 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.



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
Email: info@washingtonexpressvisas.com

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: _____