



**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)

**Visa 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.

• **Full Name:** \_\_\_\_\_

• **Citizenship:** \_\_\_\_\_  
**(If holding Government issued travel document please indicate)**

• **If US Citizen, state of residence:** \_\_\_\_\_

• **Country and type of visa needed:** \_\_\_\_\_  
**(List ONLY the countries you need Washington Express to process your visa for)**

• **Departure date:** \_\_\_\_\_

• **Purpose of travel:** \_\_\_\_\_

• **Duration of stay:** \_\_\_\_\_ **Express or Regular Service (indicate one):** \_\_\_\_\_

• **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: \_\_\_\_\_

• **If you found us online, what search term did you use?**  
\_\_\_\_\_

\_\_\_\_\_(Initial) I have read, understand and agree to all Washington Express Visa terms and conditions and understand that Embassy fees and Washington Express Visa Processing fees are non-refundable.

\_\_\_\_\_(Initial) I understand that Visas are granted or denied at the discretion of the consulate, this includes type of visa (single, double or multi entry) & duration. Embassy fees and Washington Express Visa processing fees are non-refundable even if the embassy or consulate decides not to issue a visa or denies my application.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



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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: \_\_\_\_\_

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

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: \_\_\_\_\_

Print Name: \_\_\_\_\_