



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

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:** _____
- **Company Name or Account # (if applicable)** _____
- **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: _____