



The Visa and Document Company

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Washington, DC 20036
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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

Last 4 Digits of Credit Card (*We will collect full CC # by phone*) _____

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: _____

**Visas are granted or denied at the discretion of the consulate, this includes type of visa (single, double or multi entry) & duration. Embassy fees are non-refundable.