



The Visa and Document Company

1001 Connecticut Ave NW #710
Washington, DC 20036
Phone: (202) 393-3030 Fax (866) 463-2747
Web: www.washingtonexpressvisas.com
Email: info@washingtonexpressvisas.com

DCRA Document(s) Retrieval & Filing form*

*Please make a copy of this complete form for your records.

- Full Name: _____

DCRA DOCUMENT(S) RETRIEVAL

- Entity name: _____
- Filing type and Filing date: _____
- Expedite service needed? (check one) 3-day: _____ 24-Hour: _____ No Expedite: _____

DCRA FILING

- Filing type requested: _____
- Expedite service needed? (check one) 3-day: _____ 24-Hour: _____ No Expedite: _____
- Physical Certified copies requested? (check one) Yes _____ No _____

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? (For marketing purposes only)

Sign _____ Date _____

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

For payment 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

Credit Card #: _____

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.