



The Visa and Document Company

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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: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Work Phone: _____ Cell Phone: _____
Date of Birth: _____ Departure Date: _____

Special Instructions:

Billing Information*

Name on Card: _____ Type of Card _____
Credit Card #: _____
Expiration Date: _____ Billing Zip _____ Security Code: _____

*Credit card information not necessary if your firm has an account with Washington Express Visas.

Service Requested (please mark one)

1 day expedite
 4 day expedite

If you found us online, what search term did you use? (For marketing purposes only)

_____ X _____

Signature*

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.