

2144 California Street, NW Washington, D.C, 20008 Toll Free: 877-729-4715

Toll Free Fax: 866-578-8523 Email: support@abc1visa.com

ABC VISA AND PASSPORT REQUEST FORM

Company Information				Applicant's information					
Company Name :				Applicant's Name :					
Contact (Requested by)				Passport #					
Phone: () -			Nati	Nationality					
Email:			Nee	Needed by Date: / /					
Request Date: / /									
Service Required:									
ROUTINE	OUTINE				:				
Visa Processing			I						
Country	Busi	Business or Tourist		# of Entries into Country		s into Country	Departure Date		
DOCUMENTS INCLUDED WITH APPLICATION (Check all that apply.)									
Passport Application(s)		Invitation Embassy Fees ABC Service Fees							
.,			-						
			f Green Card of Authorization (For Minors)						
-									
Company Letter	(Specify)								
METHOD OF PAYMENT (All credit credit charges are subject to a 4% credit card convenience fee.)									
Direct Bill # Full Name (as shown on credit card)									
Credit Card Type:	Credit card #			CVC(3 digits on the back			Expiration Date		
								/	
Credit Card Billing Address									
Address:									
City	State	Zip							
Signature:	·								
Checks enclosed:	Check 1:		(Check 2:			Γotal Amount		
Processed documents	s to be sent	back to:							
Attention:		Contact #: () -							
Address:									
City	State	7	Zip						
IMPORTANT INFORMATION: ABC Visa & Passport SVCS acts as an a	nent and accepte no	senoneihility for a	any delaye dem	anne antions	inaction	or lose of documents/page	norte by the I	IS Department of State	
embassy, or any courier, delivery and po & Passport SVCS assumes no liability for	stal services. Issuanc	e of a visa or pas	sport is a decisi	ion of the cour	ntry which	h application is made or the	U.S. Departi	ment of State. ABC Visa	