

VISA SERVICE INC.

160 Commonwealth Avenue
Suite 1-A
Boston Massachusetts 02116
Tel. 617-266-7646
Fax: 617-262-9892

TRAVEL DOCUMENTATION

U.S Passport Renewal

*To qualify for a passport renewal, you must answer YES to ALL of the following questions:

- I am a US Citizen
- I can submit my most recent passport
- I was at least 16 years old when my most recent passport was issued
- I was issued my most recent passport LESS than 15 years ago
- I use the same name as my most recent passport OR I have had my name changed by marriage or court order and can submit legal documentation reflecting the change
- The most recent passport is undamaged

Requirements:

- ✓ Application form filled out *online*:
(http://travel.state.gov/passport/forms/ds82/ds82_843.html). Please make sure that the application prints with two barcodes, one on the top and one on the bottom
- ✓ Once the application is complete, print *two* copies, sign them, and send them to Visa Service
- ✓ *Two* passport size photos, 2" x 2", taken on a white background
- ✓ Previous US Passport
- ✓ Flight itinerary (for expedited processing please show departure within two weeks)
- ✓ Passport Authorization form
- ✓ If name has changed, please submit a certified marriage certificate or court decree
- ✓ Visa Service fee *plus* Department of State fee

Government Fee

Regular Service – \$75
(30+ day processing)

Expedited Service – \$135
(2-14 day processing)

Visa Service Inc Fee

All Passports – \$150

Rush Fee (4-7 days) – \$65

Emergency Fee (1-3 days) – \$120

If paying by check or money order, please make payable to VISA SERVICES, INC.

If paying by credit card, there is an additional 3% charge.

Visa Services, Inc acts only as an agent and accepts no responsibility for the services of any Travel Agent, Consulate, or Embassy in connection with the granting of visas: nor any delays or losses occasioned by such services or the US or Canadian mails, UPS, Federal Express, or any other services.



Global Visa and Passport Professionals

CIBT

PASSPORT AUTHORIZATION LETTER

DATE:

(Month / Day / Year)

NAME:

(Last, First Middle)

DATE OF BIRTH:

(Month / Day / Year)

PLACE OF BIRTH:

(City, State, Country if not U.S.)

THE FOLLOWING VISAS ARE REQUIRED PRIOR TO MY DEPARTURE:

I AUTHORIZE CIBT TO SUBMIT MY PASSPORT APPLICATION TO A U.S.PASSPORT AGENCY AND TO ACCEPT DELIVERY OF THE PASSPORT ON MY BEHALF.

Under the provisions of the Privacy Act of 1974 (Public Law 93-579), no information maybe released from U.S. Government files without prior written consent of the individual in question. Consequently, an employee of the U.S. Passport Agency cannot discuss the details of your passport application with CIBT without your permission. Please choose one of the following:

- I authorize the U.S. Passport Agency to discuss any problems, which may arise with my passport application with CIBT.
- I want the U.S. Passport Agency to contact me directly should a problem arise with my application, which concerns matters other than the date on which the passport will be ready for pick-up.
My daytime phone number is: _____

SIGNATURE:

**VISA
SERVICE
INC.**

160 Commonwealth Avenue, Suite U-1A, Boston, MA 02116

Tel: 617-266-7646

Fax: 617-262-9829

ORDER FORM

Name (Last, First): _____

Date passport must be back in your possession: _____ Date of travel: _____

DELIVERY INSTRUCTIONS:

Print street address with suite/apt. # (no P.O Boxes) for Visa Service, Inc. to return your documents to you. Please note: If you do not have an account number with FedEx, the return shipping charges must be included in your payment to Visa Service, Inc.

_____ FEDEX (_____ ACT. #) _____ PICK UP

_____ SELF ENCLOSED PREPAID ENVELOPE/FEDEX LABEL

Name: _____

Company _____

Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

E-mail: _____

VISAS REQUIRED FOR:

| Country | Travel Entry Date | Business/Tourism | Emergency/Rush/Regular | Single/Multi Entry |
|---------|-------------------|------------------|------------------------|--------------------|
| | | | | |
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PAYMENT DETAILS:

I enclose check/money order made payable to Visa Service, Inc. ...OR...

I hereby authorize Visa Service, Inc. to charge my credit card for _____ processing (and/or) _____ delivery of my visa.

Type of Credit Card: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMERICAN EXPRESS

Credit Card Number: _____ Exp. Date (MM/YY): _____

Note Well :- If paying by credit card, there is an additional 3% credit card fee

Print name as it appears on the credit card: _____

Address: _____ City: _____ State: _____ Zip: _____

I agree this information I've given is true and correct to the best of my knowledge.

SIGNED: _____ DATE : _____

FOR OFFICE USE ONLY

Credit Card Amount \$ _____ Approval Code : _____