

**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

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 : _____