

## **AMERICAN VISA OF DC**

1801 Columbia Road, NW #200, Washington DC 20009

Phone: (202) 462-5908 Fax: (202) 387-5430

[www.americanvisadc.com](http://www.americanvisadc.com) info@americanvisadc.com or avodc@aol.com

**THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC**

Contact Person's Name: \_\_\_\_\_ Phone and email: \_\_\_\_\_

**SHIPPING INSTRUCTIONS:** *Return completed process to (please check option and provide return address):*

☐ **BUSINESS:** Company Name: \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt#/Mail Code \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

☐ **Home:** Special Instructions (if any): \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email address: \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

**TRAVELER(S) INFORMATION:**

**Departure Date from U.S.A.:** \_\_\_\_\_ **Must Receive by this date:** \_\_\_\_\_ \*

*\*Rush fees will be applied to meet this date if necessary*

1) Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
Passport #: \_\_\_\_\_ Passport Expires: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

2) Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
Passport #: \_\_\_\_\_ Passport Expires: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **VISA PROCESSING** – Name of country(s) to be visited: \_\_\_\_\_

**Number of Entries:** (please check) ☐ Single ☐ Double ☐ Multiple (Multiple entries may not be applicable to all countries)

**Type of Service requested:** ☐ Regular ☐ Rush ☐ Same day

(All types of services may not be available for every country. Please call or email us for details)

☐ **U.S. PASSPORT PROCESSING:** ☐ 1st Time (DS-11) ☐ Renewal (DS-82) ☐ Add Pages (DS-4085)  
☐ 2<sup>nd</sup> Passport ☐ Passport Card ☐ Other \_\_\_\_\_

**Type of Service requested:**

☐ Regular (8 to 14 days) ☐ Rush (5 to 7 days) ☐ Three Day ☐ Two Day ☐ Next Day

☐ SAME DAY (Please call or email us for special instructions before sending).

**PAYMENT:** (check one)

☐ I authorize American Visa of DC to charge my credit card for payment of passport/visa services.

Credit Card holders' name \_\_\_\_\_ Number \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

☐ Check or Money Order made out to "American Visa of DC" for \$\_\_\_\_\_ enclosed.

☐ My company has a prearranged billing agreement. Please invoice all charges to:

☐ Same as shipping above.

☐ Address below:

Business Name \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address \_\_\_\_\_ Apt#/Mail Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas caused by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. All service fees and Embassy Fees are NON-REFUNDABLE and not dependant on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.