American Passport Visa Services
13636 Ventura Blvd. Suite 504
Sherman Oaks, CA 91423
Tel: (877) 630-1416
E-mail: info@ampvs.com
www.ampvs.com

SERVICE FORM

For us to process your requested service properly and on a timely basis, please include this form with all your documents.

FULL NAME OF APPLICANT: _____

PHONE (DAYTIME): _____ **PHONE** (EVENING): _____

PHONE (MOBILE): _____ **E-MAIL ADDRESS:** _____

PERSON REQUESTING SERVICE
(IF DIFFERENT FROM APPLICANT): _____

PHONE (DAYTIME): _____ **PHONE** (EVENING): _____

PHONE (MOBILE): _____ **E-MAIL ADDRESS:** _____

DATE OF DEPARTURE (FROM USA): ____/____/____ (MONTH DAY YEAR) **PASSPORT MUST BE IN YOUR POSSESSION BY:** ____/____/____ (MONTH DAY YEAR)

RETURN DOCUMENTS TO:

☐ **CALL FOR PICK-UP:** ☐ DAYTIME ☐ EVENING ☐ MOBILE ☐ OTHER _____

☐ **SHIP TO** (NO P.O. BOXES):

NAME: _____ COMPANY: _____ PHONE: _____

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: ____

SHIPPING METHOD:

☐ FedEx ® using AMPV Account Number (Sent Priority Overnight unless requested otherwise; Additional fees apply).

☐ Applicant or third - party FedEx ® Account Number : _____

☐ Courier services of your choice (Airbill Enclosed)

PASSPORT SERVICES REQUESTED:

☐ FORM DS-11 First Time/Minors/Lost/Stolen/Multilated ☐ FORM DS-82 Renewal/Second Passport ☐ FORM DS-4085 Additional Visa Pages ☐ FORM DS-5504 Name Change/Correction/Limited

☐10 WORKING DAYS ☐ 6 WORKING DAYS ☐ 3 WORKING DAYS ☐ NEXT DAY ☐ SAME DAY ☐ OTHER: _____

VISA SERVICES REQUESTED :

(Please list the countries you require Visas expedited fro, processing time, check number of entries)

1- Name of Country: _____ ☐Single Entry ☐Double Entry ☐Multiple Entry ☐Other

2- Name of Country: _____ ☐Single Entry ☐Double Entry ☐Multiple Entry ☐Other

3- Name of Country: _____ ☐Single Entry ☐Double Entry ☐Multiple Entry ☐Other

Processing Time: ☐ Regular ☐ Express ☐ Rush ☐ Ultra Rush

METHOD OF PAYMENT:

☐ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS ☐ CHECK (ONLY CA CHECKS) ☐ MONEY ORDER

CARD NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ EXPIRATION DATE: ☐☐ / 2 0 ☐☐ (MONTH YEAR) CVV: ☐☐☐☐ (3 OR 4 DIGIT CODE ON BACK OF CARD)

CREDIT CARD BILLING ADDRESS (NO P.O. BOXES):

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

I, _____ , authorize AMPV to charge the fees for the services provided to my credit card.

CARDHOLDER' S SIGNATURE : _____ **DATE:** ____/____/____
PRINT CARDHOLDER' S NAME (AS IT APPEARS ON CREDIT CARD)

We, at American passport, Visa (Ampvs) do our best to provide you with a unique and professional service. However, sometimes despite our earnest effort, due to unforeseeable events such as force majeure, act of god and above all red tape we fail to meet our high standard. By submitting this form, you acknowledge that Ampvs shall not be held liable for any financial losses or damages as a result of decisions, mistakes or delays by US government, embassies/consulates, or courier services, nor shall such events affect fees for services rendered. Therefore, under any conditions Ampvs total liability is limited to the fee you have paid to Ampvs or $500.00 whichever is less.