

Ambassador Passport and Visa Services, Inc., 1400 16th Street Suite 400 Denver, Colorado, 80202 Tel: (720) 400-7255 • Fax: (720) 400-7260

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This form is to advise Ambassador Passport and Visa Services of the type of service you are requesting, the departure date of your trip, and the return address for mailing the completed documents. In order to properly process your requested service, please include this form with your Passport / Visa application request.

Name of Applicant			Company Name	(Optional)			
Telephone			E-Mail Address				
Address			City		State	ZIP	
PASSPORT SERVICES R	REQUESTED (Skip if requ	esting a Visa only)					
First Time Passport	O Lost Passport O F	Passport Amendme	ent O Passport Renev	wal O Pas	sport Card	2nd Valid Pa	assport
Processing Time O	Regular	O Rush O Ultr	a Rush Same Day				
VISA PROCESSING REG	UESTED (Skip if request	ing a Passport Only)					
Name of Country		O Single En	Entry ODouble Entry OMutiple Entry Other				
Name of Country	○ Single Entry ○ Double Entry ○ Mutiple Entry ○ Other						
TRAVEL DATE	DATE DOCUMENTS ARE NEEDED						
Processing Time O	Regular	O Rush O Ultr	a Rush O Same Day				
OTHER DOCUMENT SER	RVICES (Skip if not requi	ring)					
Concierge Service	Pre-Check Serv	ice O Digital F	Photo Service				
PAYMENT METHOD	O AmEx O VI	SA	ard Check	) Money O	rder		
Cardholder's Name			Card Number				
<b>Expiration Date</b>			CVC Code				
Billing Address							
	hereby authoriz	e Ambassador Passpo	rt and Visa Services to cha	rge the cost of	f services rende	red to the above c	redit card.
RETURN METHOD	FedEx Overnight	FedEx  2nd Day Air	FedEx  Saturday Delivery	O Will C	all Ot	her	
Name of Applicant			Company Name (Optional)				
Telephone			City		State	ZIP	
Address			E-Mail Address				