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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
DOCUMENT SERVICE R	EQUESTED					
Translation						
FROM Language	O TO Langu	age				
Type of Document						
Compared to the compared to	edical	Government	O Professional	Academ	nic	Other
Legalization YES	NO	Apostille YES	O NO	cument Authe	ntication	O O /FS NO
PRICE AS QUOTED						
PAYMENT METHOD	AmEx	O VISA O Mast	terCard Check	Money Orde	er	
Cardholder's Name			Card Number			
Expiration Date			CVC Code			
Billing Address						
	hereby a	uthorize Ambassador P	assport and Visa Services to	charge the cost of se	ervices rendered	to the above credit
RETURN METHOD	FedEx Overnigh		FedEx ir Saturday Delive	ery O Will Call	Other	
Name of Applicant			Company Nai	me (Optional)		
Telephone			City	City		ZIP
Address			E-Mail Addres	SS		