



E&G Visa Services
Visa Processing Order Form

DEPARTURE DATE: _____ **NEED BY DATE:** _____

FULL NAME OF APPLICANT(S):

First Name	Middle Name	Last Name	Passport Number
1)			
2)			
3)			
4)			
5)			

VISA(S) REQUESTED:

Country 1: _____ Country 2: _____ Country 3: _____

Visa Type: Tourist Business Work Student Transit

Number of Entries: Single Double Multiple

FEES:

Consulate Fee : \$ _____

Service Fee : \$ _____

Return FedEx: Overnight Delivery - \$25.00 2nd Business Day - \$19.00

Outside of the 48 states (Alaska, Puerto Rico, Hawaii, USVI, Canada) - \$41.00

Total Fee : \$ _____

SHIPPING ADDRESS:

Name: _____ Company: _____

Address (No P.O. Box): _____ Suite/Apt: _____

City: _____ State: _____ Zip Code: _____

Contact Phone No: (_____) _____ - _____

Email Address: _____



PAYMENT INFORMATION:

We accept **money orders, personal and company checks** payable in U.S. dollars made out to E&G Visa Services. We also accept Visa, MasterCard, and Discover. American Express is NOT accepted.

If paying by credit card, please fill out the following:

I, _____, authorize E&G Visa Services to charge all fees (including the 4% credit card convenience fee) to my Visa/MasterCard/Discover card.

Card Type: Visa MasterCard Discover

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Cardholder Name (as appears on card): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

**Credit card payment is subject to a 4% convenience charge.

I have read and agreed to E&G Visa Services terms and conditions. I understand that requirements and fees are subject to change without prior notice, and all fees are non-refundable.

Signature

Date Signed