



A WASHINGTON TRAVEL & PASSPORT VISA SERVICES INC
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EMAIL: INFO@VISADC.COM

APPLICANT INFORMATION:

NAME: _____
First Middle Last

MOBILE PHONE: _____ **EMAIL:** _____

ADDRESS: _____
STREET CITY STATE ZIP

VISA SUBMISSION FORM

DATE OF TRAVEL: _____

VISA COUNTRY: _____

VISA DC AGENCY FEE: \$150

VISA TYPE: _____

NO OF ENTRIES: _____

PAYMENT METHOD

AMEX: MASTERCARD: VISA: CHECK: CASH: MONEY ORDER:

IF PAYING BY A CREDIT CARD OR CHECK, A CREDIT CARD MUST BE ON FILE* PAYING BY CREDIT CARD 3.5% CREDIT CARD FEE

NAME ON CARD: _____ **CARD #:** _____

EXPIRATION DATE: ____ / ____ **CVV:** _____ **BILLING ZIP CODE:** _____

SIGNATURE: _____ **DATE:** _____
mm dd yyyy

A Washington Travel & Passport Visa Serv. will not be held liable for any events beyond our control that will delay applicant's passport or visa due to a Consulate/Government delays or overnight shipping delay by a third party. A Washington Travel & Passport Visa Serv. and the consular's fees will not be refunded in the event that the visa is denied or delayed. "Foreign Government notification of changes and protocol may change at little or no notice."