



VISA REQUEST FORM

COUNTRY: BRAZIL

DATE: _____ DATE OF TRAVEL: (NEEDED By) _____

TRAVELER'S NAME _____ NATIONALITY _____ PHONE # _____

DELIVERY ADDRESS _____

TRAVELER'S COMPANY NAME (if applicable) _____ / ASSISTANT _____

E-mail _____ PHONE# _____

Project # (if applicable) _____ COST # (if applicable) _____

DISCLAIMER

Sam's Passport Inc., will not be held liable for any events beyond our control that will delay the issuance of the applicant's visa due to a consulate delay or overnight shipping delay by a third party. Sam's service fees, nor the consular fees; will not be refunded in the event that the visa is approved, denied or delayed. Please keep in mind, when dealing with foreign government, notification of changes and protocol may change at little or no notice.

Please sign here if you have fully read and accepted the terms of the disclaimer and are ready to process your visa application.

Applicant's Signature _____

VISA SERVICES

VISA TYPE REQUIRED: TOURIST BUSINESS EMPLOYMENT

SAM'S SERVICE FEE: REGULAR \$150.00 RUSH \$200.00 EMERGENCY \$250.00

RETURN POSTAGE – FedEx Overnight

Priority Delivery = \$30.00 First Overnight = \$75.00 Saturday Fedex = \$45.00 International Fedex = \$100.00

Total Payment = Visa Fee + Sam's Service Fee+ Shipping Postage

METHOD OF PAYMENT

TYPE OF CARD _____ CREDIT CARD NUMBER _____ EXP DATE _____

FULL Billing Address _____

CVV# _____ (The last three numbers on the back of card for most cards and the four digits on top of American Express Cards)

NAME ON CREDIT CARD _____ SIGNATURE _____ (OF CARD HOLDER)