

VISA REQUEST FORM

COUNTRY:		
DATE:	DATE OF TRAVEL: (N	EEDED By)
TRAVELER'S NAME	NATIONALITY F	PHONE #
DELIVERY ADDRESS		
TRAVELER'S COMPANY NAME (if applicab	ole)/ ASSISTANT	Γ
E-mail	PHONE#	
Project # (if applicable	COST # (if applicable)	
	DISCLAIMER	
consulate delay or overnight shipping delay by	y a third party. Sam's service fees, nor th	elay the issuance of the applicant's visa due to a e consular fees; will not be refunded if the visa ment, notification of changes and protocol may
Please sign here if you have fully read and	d accepted the terms of the disclaimer and	d are ready to process your visa application.
Applicant'	's Signature	
VISA SERVICES		
VISA TYPE REQUIRED: TOURIST BU	JSINESS WORK EMPLOYME	NT 1
NUMBER OF ENTRIES REQUIRED: SINGL	LE I MULTIPLE I	
SAM'S SERVICE FEE SERVICE TYPE:	REGULAR \$200.00 RUSH \$250.00	EMERGENCY \$300.00
RETURN POSTAGE - FedEx Overnight		
Priority Delivery \$45.00 First Overnight	= \$100.00 Saturday FedEx \$75.00 In	ternational FedEx \$100.00
Total PaymenT Total PaymenT	nent = Visa Fee + Sam's Service Fee+ Ship	ping Postage
TYPE OF CARDCREDIT CARD NUM	MBER	EXP DATE
FULL Billing Address		
CVV#(The last three numl	bers on the back of card for most cards a	nd the four digits on top of American Express
Cards) NAME ON CREDIT CARD	SIGNATURE	(OF CARD HOLDER)