

# ORBITVISAS ORDER FORM

Account Number:

## CONTACT INFORMATION

Whom should we contact regarding this order?

NAME

PHONE NUMBER

EMAIL ADDRESS

## WHAT DATE DO YOU NEED YOUR PASSPORT BACK?

Your passport is returned with your completed Visa.

MM/DD/YYYY

YES

NO

## TRAVELER INFORMATION

More than 3 travelers on this order? Provide name, date of birth, phone and email on another piece of paper.

NAME

As printed on your Passport

DATE OF BIRTH

MM/DD/YYYY

PHONE NUMBER

EMAIL ADDRESS

## LIST COUNTRIES REQUIRING VISAS

COUNTRY	ENTRY DATE	EXIT DATE	VISA TYPE	ex., Tourist, Business, Work, etc.	# OF ENTRIES
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## PASSPORT SERVICES

Check All That Apply

First Time Passport

Passport Renewal

2nd Passport

Name Change

Lost or Stolen Passport

Damaged Passport

Passport for a Child

## SELECT A DELIVERY METHOD

Select One

UPS Next  
Day Air

Same Day or  
Courier

Pick up at  
our Office

FedEx  
8 am

FedEx  
Overnight

## YOUR SHIPPING ADDRESS

NAME

COMPANY NAME

If Applicable

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

DELIVER WITH SIGNATURE

DELIVER WITHOUT SIGNATURE

## PAYMENT METHOD

NAME ON CARD

CARD NUMBER

EXP. DATE

mm/yyyy

SIGNATURE