



SERVICE ORDER FORM

PLEASE READ & SIGN DISCLAIMER BELOW BEFORE YOU ENGAGE THE SERVICE OF TRAVEL THE WORLD VISAS

In engaging the services of Travel the World Visas it is acknowledged and agreed by the customer that Travel the World Visas cannot and does not accept responsibility for any loss of or damage to customer's passport, visas or other documents due to causes beyond its control or while in the possession of third parties other than Travel the World Visas, including but not limited to courier services, delivery service, postal services or any embassies or consulate offices, or any expenses, losses or other damages of any kind incurred by anyone as a result of any loss of or damage to such documents. Issuance of a passport or visa is a decision of the country to which application is made. Travel the World Visas assumes no liability for a country's decision or for delays encountered in processing an application.

If you want the FedEx or UPS package return "insured" by FedEx or UPS, please provide Travel the World Visas your own prepaid return label. The mail fee listed on page 2 does not include "liability insurance". Travel the World Visas will not be held responsible for the action of a third party.

Print Name: _____ Signature: _____ Date: _____

ONLY ONE FORM PER ORDER. ALL FORM FIELDS MUST BE COMPLETED

| TRAVELER NAME AS ENTERED ON THEIR PASSPORT | DATE OF DEPARTURE FOR TRIP APPLICABLE TO THIS ORDER | DATE BY WHICH TRAVELER NEEDS PASSPORT RETURNED * |
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* ESPECIALLY IMPORTANT IF TRAVELING TO ANOTHER COUNTRY PRIOR TO THE TRIP APPLICABLE TO THIS ORDER

| TRAVELER/TRAVELER REPRESENTATIVE POINT OF CONTACT (POC) INFORMATION | |
|---|--------------|
| Primary POC >>> Name: _____ Phone: _____ | Email: _____ |
| Secondary POC >>> Name: _____ Phone: _____ | Email: _____ |

| Service Requested (e.g., China Visa, New Passport) | Purpose (e.g., Busines, Tourism) | # of Entries | Regular, Rush, or Same Day Processing | Travel the World Visas Service Fee | Consular or Passport Agency Fee | Total |
|--|---|-----------------|---|---|---|-------|
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| NOTES: <ul style="list-style-type: none"> Refer to page 3 for payment options See page 3 for credit card authorization form | | | <input type="checkbox"/> Overnight Return Delivery (\$48.00) | | \$ | |
| | | | <input type="checkbox"/> Second Day Return Delivery (\$40.00) | | \$ | |
| | | | <input type="checkbox"/> Saturday Return Delivery (\$85.00) | | \$ | |
| | | | <input type="checkbox"/> Signature Required Delivery (optional \$8) | | \$ | |
| | | | Total Fees | | \$ | |
| | | | 5% Credit Card Processing Fee | | \$ | |
| | | | | | Total Due | \$ |

Instructions for Return of Travel Documents:

_____ Check here if you require a signature to receive the package to be sent by Travel the World Visas (there is a \$8.00 additional fee to cover the delivery company's charge for this option).

_____ Check here if you have included a prepaid FedEx, UPS, USPS, or DHL return shipment label that was prepared online (credit card number or account # is not shown on the label). *Note: Travel the World Visas does not accept return shipment labels that were prepared by hand or using a typewriter.* Tracking #:

| | | | |
|--|-----------|--|----------|
| BILLING INFORMATION (applicable to corporate clients only) | | PHYSICAL ADDRESS FOR RETURN OF PACKAGE CONTAINING PASSPORT(S) (Check One Below): _____ FedEx Return Mail _____ UPS Return Mail | |
| Company: | | Name: | |
| Dept: | | Company: | |
| Street (no P.O. box): | | Street (no P.O. box): | |
| City: | State: | City: | State: |
| Zip Code: | POC Name: | Zip Code: | Country: |
| POC Email: | POC Ph #: | Phone # Applicable to Delivery Address: | |

| | | | |
|---|--------------|------------|------------------|
| TTWV USE ONLY | Received on: | Via: | TTWV Agent Name: |
| Date passport returned to client: | | Airbill #: | |
| Return shipping via (circle one): FedEx UPS DHL Courier | | | |

Note: Invoices are due 21 days from the invoice date. If payment is not received by the due date, a late pay penalty of 10% of the amount due will be assessed.

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| <p>Forms of Payment Accepted by Travel the World Visas Select applicable type: <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Company Check <input type="checkbox"/> Paypal* <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Debit Card <input type="checkbox"/> Zelle *A 5% surcharge or processing fee will be added to the invoiced total for payments remitted through Paypal. Please print and include the confirmation of completed payment that you receive from Paypal.</p> |
|--|

If you are paying by Company Check, Certified Check or Money Order:
Check Number: _____ **Amount : \$** _____

Authorization for Use of Credit Card:

If you are using a credit card or debit card to remit a payment to Travel the World Visas, please read the terms below. *If you do not agree with these terms and conditions, please arrange alternate mode of payment (see types on page 2 of this form).* If you agree with these terms, please sign and date at the bottom of this page. **By signing the authorization below, you agree to the following terms and conditions:**

- A. The merchant name that will appear on your credit card statement will be "Travel the World Visas", located in Washington DC (telephone # 202-223-8822)
- B. A 5% card processing fee will be added to the total remitted amount. *For international credit and debit cards, this fee is 8% of the total remittance.*
- C. If a card transaction will be disputed by the card holder for whatever reason, a \$25.00 charge back fee will be collected from the card holder.
- D. The credit cardholder **MUST** be the applicant. If the cardholder is different from the applicant, a signed letter of authorization typed on a company/business letterhead must be provided by the card- holder or the authorized person.

I, _____, authorize Travel the World Visas to charge all fees (**including the applicable credit card processing fee**) associated with this order to the following credit card account:

Credit Card Service Provider: American Express, MasterCard, Visa, Discover

Credit Card #: _____ - _____ - _____ Expiration Date (MM/YY): _____ / _____

Card Security Code: _____ (**For American Express, the code is 4 digits located at the front of the card. For Visa, MasterCard or Discover the code is 3 digits located at the back of the credit card**)

Enter credit card account billing address if different than the billing address indicated above

| | |
|---------|-----------|
| Street: | City: |
| State: | Zip Code: |

Name (typed): _____

Signature: _____

Date: _____