



1124th Avenue, New York, NY 10003
Tel. (212) 353-3030 Fax (212) 353-3066

CREDIT CARD AUTHORIZATION

As a client, I hereby authorize U.S. PASSPORT EXPRESS, to charge my credit card for the following service(s).

- Master Card American Express Card Visa Card Other
- Visa Services Passport Services

Card Number: _____

Expiration Date: ____/____/____

Card Holder Name: _____

Card Identification Number: _____

Amount Authorized: \$ _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Date: ____/____/____

Signature: _____

Notice: If you are not using a card in your name, sign below.

Co-User Authorization

I Authorize to use this card.
(Card Holder Signature) (Card User Signature)

U.S. PASSPORT EXPRESS, acts only as an agent and accepts no responsibility for the services of any Travel Agent, Consulate, Passport Agency or Embassy in connection with granting a visa, nor passports for any delays, loss of passports occasioned by such services or the U.S. Mail. Damage compensation is unavailable.

To Complete Form: A copy of the Credit Card “front and back” and a copy of the Credit Card Holder’s Identification (Ex: Driver’s License) must be submitted with your package.