

112 4<sup>th</sup> Avenue • New York, NY 10003 Tel. (212) 353-3030 Fax (212) 353-3066

## Order Form

Applicant Information:				
Name:				
Address:				
City, State, Zip:				
Home: ()	(	Cell: (	_)	
_	<ul> <li>□ New Child Passport</li> <li>□ Damaged/ Mutilated</li> <li>□ Lost Stolen</li> </ul>			
SSN#:		D.O.B	/	_/
VISA: List each country whic kind of entry required.	h requires a v	risa to be exp	pedited. Please	e check the
1		_	<ul><li>□ Double</li><li>□ Business</li></ul>	-
2		□ Single □ Tourist	□ Double □ Business	
Ship Passport/ Visa To: Name:				
Address:				
City, State, Zip:				
☐ Same/ Next Da  Date Passport Needed:/				
Payment:			<i></i>	
Postal Money Order: \$	Pers	onal or Com	npany Check:	\$
			RNMENT FE	
ALL PAYMENTS BY				E OUR
	ARD AUTH	<u>URIZATIO</u>	N FORM	
For Office Use Only: Received On:	VIA:	Payment Received:		
Received On:Return Shipping On:	VIA	:1 ayı	Air bill: \$	
II C Descript Everess acts only as an ago				

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 of visas, passports or for any delays, loss of passports occasioned by such services or the U.S. Mail. Damage compensation is not available.