



Order Form

The Visa Team, LLC

Please complete the following fields in FULL, and send inclusive of application required documents to:
The Visa Team, 5225 Katy Freeway, Suite 323, Houston, TX 77007

TRAVELER INFORMATION		VISA SERVICE REQUESTED	
Last Name		Country	
First Name(s)		Purpose of Trip	
Job Title		Duration of Trip	
Nationality		Number of Entries	
Email Address		Travel Date	
Company Name		Date Needed	
Office/Cell #		Visa Insurance:	Replacement Coverage
Cost Center		Processing Time:	Emergency: 1-3 Business Days
Project			Express: 4-7 Business Days
Department #			Standard: 7-15 Business Days
Office Address		Do you need another visa?	YES <input type="checkbox"/> NO <input type="checkbox"/>

REQUESTOR INFORMATION		PASSPORT SERVICE REQUESTED	
Last Name		New/First Time Passport	Renewal
First Name(s)		Second Passport	Lost/Stolen/Damaged
Job Title		Name Change/Correction	Passport Card
Email Address		Travel Date	
Office Phone		Date Needed	
Notes		Processing Time:	Emergency: 1-3 Business Days
			Express: 4-7 Business Days
			Standard: 7-15 Business Days
		Passport Insurance:	Replacement Coverage

DELIVERY INFORMATION	
Delivery Address:	

PAYMENT INFORMATION	
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	<input type="text"/> / <input type="text"/> <input type="text"/>
Security Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Billing Zip Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I hereby authorize The Visa Team, LLC to charge a variable amount to my credit/debit card to cover the cost of my/our visa and/or passport applications, including consular/passport office charges, handling fees, and ancillary charges as detailed on The Visa Team website and accept the Terms and Conditions.

Cardholders Name:			
Signature:		Date:	

Disclaimer: As a commissioned agent The Visa Team cannot be held responsible for any losses real or notional, incurred by the actions of any embassy, passport agency or registry. Also the company cannot be held liable for any delays or losses incurred by any courier company.

*Internal Use Only

Order #		Consulate Fee		Invoice #	
Date Received:		App Assistance		FedEx	
Submission Date:		Partner		Pick-Up	
Collection Date:		Processing		Delivery	
Consultant:		Svc Fee		MO's	
Documentation Fee		Misc. Fee		Photos	
Additional Notes		Misc. Fee		Insurance	