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The Passport and Visa Experts

1301 20th St., N.W., Suite 111 Washington, D.C. 20036

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CREDIT CARD AUTHORIZATION

First Name Middle Name Last Name

Name of Applicant: _____

Name of Cardholder: _____ Amount Charged: _____

Credit Card: American Express Visa MasterCard Discover

Card Number: _____

Expiry Date: _____

Pin/Security Number: _____

RETURN DELIVERY:

Overnight Delivery Priority Mail with Confirmation Receipt

Travel Document Express is hereby authorized to charge the amount reflected above and for any additional charges the applicant or his agent is informed for the necessary completion of passport, visa or document authentication processing. A customer charge slip and receipt will be issued for the above service(s).

NOTE:

*A 3% surcharge will be added on consulate fees amounting to, \$100 or more.

*If paying for a new "sealed" passport application, please fax this form to (202) 785-3256.

Cardholder's Signature

Date