

ORDER FORM

DATE OF REQUEST _____

DATE OF DEPARTURE FROM USA _____ NEED PASSPORT BACK BY _____

SHIPPING ADDRESS

COMPANY NAME _____ WORK PHONE NUMBER _____

_____ CELL PHONE NUMBER _____

CITY _____ STATE _____ ZIPCODE _____

TRAVELERS INFORMATION

NAME _____ DATE OF BIRTH _____

PASSPORT NO. _____ EXPIRATION DATE _____

FOR NON-US CITIZENS US Visa _____ Alien Registration Card _____

REQUESTED SERVICES

	US STATE DEPT. FEE	IRTC FEE	TOTAL
PASSPORT NEW / RENEWAL / ADD PAGES _____	_____	_____	_____

COUNTRY	CONSULATE FEE	IRTC FEE	TOTAL
VISA _____ Business/Tourist	_____	_____	_____
VISA _____ Business/Tourist	_____	_____	_____

SHIPPING CHARGES _____ GRAND TOTAL _____

CREDIT CARD AUTHORIZATION:

I, _____, authorize IR Travel Consultants to process
my visa/passport and charge my
VISA/M.CARD/AMEX for the above services.

IF I DECLINE ANY VALID CHARGES ON MY BILLING, THERE WILL BE A \$50.00 SERVICE FEE.

CC/AmEx number _____

exp.date _____

Card verification number _____

Address associated with the CC /Am Ex _____

Signature _____