

ON TIME VISA & PASSPORT, INC.



Please complete the requested information below and send all required documentation to:
 On Time Visa & Passport, Inc.
 2028 S. Shirlington Rd. Arlington VA 22204

DATE PASSPORT MUST BE RETURNED BACK TO YOU: ____/____/____ (MM/DD/YY)

NAME ON PASSPORT	PASSPORT	EXP. DATE (MM/DD/YY)	DOB (MM/DD/YY)	NATIONALITY

DELIVERY INSTRUCTIONS: Please print street address with Suite/Apt # for OTVP (no PO BOX if you want us to return it by FedEx/DHL).

CIRCLE ONE: (FedEx/DHL) (Certified Mail) (Courier Deliver) (Pickup From OTVP)

NAME:	COMPANY (If applicable):		
ADDRESS:			
CITY:	STATE:	ZIP:	
HOME PHONE:	BUSINESS PHONE:		
EMAIL ADDRESS:	FAX NUMBER:		

COUNTRY	PURPOSE (BUSINESS, TOURISM, OTHER)	# OF ENTRIES (SINGLE, DOUBLE, MULTIPLE)	TRAVEL DATES (DATE OF ENTRY/EXIT)

PAYMENT DETAILS: I enclose check/money orders made payable to On Time Visa & Passport, Inc. or I hereby authorize On Time Visa & Passport, Inc. to change my credit card for processing and deliver of my/our VISA(s).

TYPE OF CREDIT CARD, CIRCLE ONE: (VISA) (MASTERCARD) (AMEX) (DISCOVER)	
CREDIT CARD NUMBER:	EXPIRATION DATE:
NAME ON CARD:	CVV CODE:
BILLING ADDRESS:	

I agree that the information I've given is true and correct to the best of my knowledge.

SIGNED: _____ DATE: _____