

## **Shipping, Contact Information & Payment**

**PVSglobal Passport & Visa Services** 

**Ship Documents to:** 

## 1129 20th Street, N.W., Suite 600 Washington, DC 20036 **Applicant Information** Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name: Shipping, Contact Information & Payment Account Contact (who should we contact with questions?) Name: Phone: Email: **Return Shipping** Name: Company: Address: Address 2: Return Ship Method (Select One) PVSglobal FedEx Account (\$25) City, ST, Zip: Phone: FedEx Acct: \_\_\_\_\_ **Credit Card Payment Information** Amex: \_ \_ \_ \_ - \_ - \_ \_ \_ \_ \_ - \_ - \_ - \_ \_ - \_ \_ \_ \_ \_ \_\_\_\_/\_\_\_ Card CCV: \_\_\_ \_\_ Exp. Date: **Additional Account Notes**