



A1 Passport & Visa, LLC
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Credit Card Authorization Form

INSTRUCTIONS: Complete form with credit card billing information and sign where indicated. This Authorization form must accompany all orders submitted to A1 Passport & Visa, LLC. Passport and/or visa requests will not be processed until payment information is received.

Cardholder Name:	
Is this a <input type="checkbox"/> Personal or <input type="checkbox"/> Corporate Card Are special codes required <input type="checkbox"/> Yes <input type="checkbox"/> No Code _____	
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX (* 5% surcharge added*) <input type="checkbox"/> Discover	
Credit Card Number:	Expiration Date:
Billing Address:	CCV Number (on back of card):
City:	State:
Phone Number:	Zip Code:
Email Address:	Date of travel:
Mail passport and documents back to this address:	Signature release requested (If no one home courier will leave) Yes <input type="checkbox"/> No <input type="checkbox"/>
Service: <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Apostile	Service: <input type="checkbox"/> Same Day <input type="checkbox"/> Rush <input type="checkbox"/> Regular

Signature of Card Holder: _____ **Date:** _____

**** Same day and Rush service must be received in our office by 8:00 am,**
 Please choose "signature release" option so that package will be left if delivered before staff arrives. **

For Internal Use Only:

Date of Invoice:	Charged By:	Amount charged:
Authorization Code:	Submitted by:	Notes: