



EXPEDITE PASSPORT EXPERTS

PAYMENT FORM

Full Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Home phone: (____) _____ Cell phone: (____) _____

Work phone: (____) _____ Package Tracking# _____

Date of Departure: _____ Nationality: _____

Check one: Fedex _____ Ups _____ Dhl _____ Express Mail _____ Other _____

Return Shipping information: _____

CREDIT CARD PAYMENT INFORMATION:

Name on Credit Card: _____

Credit Card Number: _____ Expiration date: _____

Type of Card: Visa _____ MasterCard _____ Verification Code: _____

Billing address: (Street No. only) _____ (Zip code) _____

Signature: _____ I authorize Expedite Passport Experts LLC to charge
my credit card for services rendered. \$ _____

*Expedite Passport Experts or any of its agents are not responsible for mistakes or delays from passport offices, consulates, embassies, travel agents, overnight courier services, or vital record departments. I understand that the passport office or above agencies can delay, deny or request additional documents at their own discretion.

PLEASE FAX THIS FORM BEFORE SHIPPING 770-594-2914

**833 ATLANTA ST. ROSWELL, GA. 30075 Ph.770-594-2259 Fax 770-594-2914
TOLL FREE 1-800-970-2259 www.passportXperts.com**