Passport and Visa Request Form

Please fill/print and submit this form to:

Justin Document Service, Inc.
5 West Main Street, Suite 201 Elmsford, NY 10523
(914) 592-2760 | (800) 327-8014

Name of Traveler *

Company Name

Address *

Address Line 1

Address Line 2

City   State / Province / Region

Zip / Postal Code   Country

Phone *

Contact Name *

Admin Email

Traveler Email

Email to Send Receipt To *

Date of Birth *

Passport Number *   Expiration Date *

Nationality *

Departure from US *

Passport Services

- [ ] First Time Passport (Sealed Envelope requires a mandatory pre check of an additional 50.00, contract us for details)
- [ ] Renewal of Passport
- [ ] Passport Card
- [ ] Amendment of Passport
- [ ] No Passport Services Needed

Same Day Service Must Be Prearranged with JIDS

- [ ] 24 HRS (2 bus days)
- [ ] 3 days
- [ ] 4-5 days
- [ ] 6 days or more

Visa Services (Please Check One)

- [ ] Rush Fastest Consular allows
- [ ] Within 5 Days of Consular Processing
- [ ] No Rush (Varies by Country)
- [ ] No Visa Services Needed
- [ ] Submit Same Day or ASAP Each country varies, See pricing Page for fee

Date Needed in Your Office: *

Ship To Address *

Ship To Name & Company (If Different)

Mail Code for business locations

Ship To Address (If Different)

Address Line 1

Address Line 2

City _____ State / Province / Region _____

Zip / Postal Code _____ Country _____

Phone *

If Residence Check no Signature

- [ ] No Signature
- [ ] or if Signature Required, Add Additional $3.00

If no box is checked, the package arrives with no signature required and JIDS assumes no responsibility for overnight carriers.

Form of Payment (Check One) *

- [ ] Pre-Approved Billing or Company Check
- [ ] American Express
- [ ] Visa
- [ ] Diners Club
- [ ] Mastercard
- [ ] Discover
- [ ] Cast at OFFICE PICKUP Only
- [ ] Money Order (only if amounts discussed with JIDS)

PROCESSING FEE: 5.9% Processing fee added when JIDS pays any government.

Credit Card Information

- [ ] I am paying by credit card
- [ ] I am not paying by credit card.

Name

Address

Credit Card Number

CVV2 code _____ Expiration date _____

Return Via *

☐ Federal Express   ☐ UPS

☐ Office Pickup   ☐ Other

Overnight Mail Account Number [   ]

Please include return shipping label or a $10.00 fee will apply. Just-in Document will gladly return your documents via the carrier of your choice. If a return label or account number is not provided, then Federal Express will be used and you will be charged accordingly. If you send us a USPS label, please note, this is put in a regular mailbox, JIDS is not responsible for overnight carriers. We can provide tracking information however updated status information can be obtained by calling your carrier directly.

Number of Countries Traveling To * [   ]

Country #1 Name * [   ]

Country #1 Purpose of Trip * [   ]

Country Name #1 Number of Entires, Entry Dates/Exit Dates * [   ]

Country #2 Name * [   ]

Country #2 Purpose of Trip * [   ]

Country Name #2 Number of Entires, Entry Dates/Exit Dates * [   ]

Additional Countries

[   ]

Register Your Trip at US Embassy? *

☐ Yes ☐ No   *See pricing Page for fee*

The Smart Traveler Enrollment Program (STEP) allows U.S. citizens and nationals travelling and living abroad to enroll their trip with the nearest U.S. Embassy or Consulate. Receive important information from the Embassy about safety conditions in your destination country. Help the U.S. Embassy contract you in an emergency. Help family and friends get in touch with you in an emergency.

Submit Day of Arrival if Available?

☐ Yes ☐ No   *See pricing Page for fee*

*Justin-In Document Service, Inc. assumes information given is accurate at time of release. We do not assume responsiblity for changes or incorrect information given by government agencies. We do not assume responsibility for any loss or damage done to passport while in the hands of ovrnight carries, delivery services, US Department of State, embassies or consulates. Upon completion of this application all above information is fully acknowledged and agreed by the cutomer and Just-In Document Service, Inc. ***

I herely authorize Justin Document Service, Inc. to charge all fees and service for myself, and for other persons I designate. (Full details of fees can be seen for reference here)

By submitting an order to JIDS, you agree to all TERMS and CONDITIONS. Fees and service are non-refundable.

Signature _____ Date _____