



Travel Information Services, Inc.  
**INTERNATIONAL VISA SERVICE**

## Personal Information and Shipping Form

Please print form and fax or E mail to our office before shipping

### Please print this information

Name as it appears on application \_\_\_\_\_

Name of person sending application (if different) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Cell: \_\_\_\_\_ E mail address: \_\_\_\_\_

What are you sending? Passport applications: \_\_\_\_\_ Visa applications \_\_\_\_\_

Other: \_\_\_\_\_

How are you sending this package?

Postal \_\_\_\_\_ FEDEX \_\_\_\_\_ UPS \_\_\_\_\_ DHL \_\_\_\_\_ other \_\_\_\_\_

Date shipped: \_\_\_\_\_ Tracking number \_\_\_\_\_

IF using a credit card please complete: For credit card please complete

Type credit card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_ Expires: \_\_\_\_\_

Name on Card: \_\_\_\_\_

I, the undersigned, authorize International Visa Service to bill my credit card for charges related to obtaining the work requested. These charges may include; Service Charge, Government fee, money order fees, and return shipping as discussed.

Applicant's signature \_\_\_\_\_

FAX or E-mail this form PRIOR to shipping and included the original signed form with the work. FAX 4040 843 2259 Email: IVS@visalady.com

*Make sure you have included all the copies and items needed to for your application*

See instructions

316 Hammond DR. NE, Atlanta, Ga 30328 1 800 627 1112