



# SERVICE ORDER FORM

401 N Michigan Ave. Suite#. 1200  
Chicago, IL. 60611  
Tel: (312) 840-8281 Fax: (312) 840-8282

DATE: \_\_\_\_\_

## CONTACT INFORMATION

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## BILLING ADDRESS

Company: \_\_\_\_\_  
Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone 1: \_\_\_\_\_  
Phone 2: \_\_\_\_\_  
Fax: \_\_\_\_\_

## SHIPPING ADDRESS

Company: \_\_\_\_\_  
Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone 1: \_\_\_\_\_  
Phone 2: \_\_\_\_\_  
Fax: \_\_\_\_\_

PASSENGER INFORMATION	DATE OF BIRTH	DATE OF DEPARTURE	PASSPORT NEEDED BY

PASSPORT SERVICES		Govt Fee	Service Fee	VISA SERVICES		Govt Fee	Service Fee
24 to 48 Hours			\$169	Rush			\$99
5 - 7 Days			\$99	Regular			\$59
10 Days			\$79				
14 Days			\$59				

COUNTRY REQUIRED: \_\_\_\_\_

## PAYMENT OPTION

Master Card  Visa  AMEX  Discover

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_/\_\_\_\_\_  
Expire Date

\_\_\_\_\_  
CVV#

\_\_\_\_\_  
Name as printed on card

\_\_\_\_\_  
Billing Address City/State/Zip

\_\_\_\_\_  
Billing Home Number Email