

VISA ORDER FORM

APPLICANT INFORMATION

First Name: _____ Last Name: _____ Date of Birth: ____/____/____
Date of Departure: ____/____/____ Phone #: (____) _____
Home Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Print specific street address where you would like your completed documents to be sent. (No P.O. Boxes)
Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____

VISA SERVICE NEEDED

1. Visa Country: _____ Purpose of Trip: _____
Visa Type (Pleasure/Business) _____ Duration of Stay: _____
Consular Fee ([view Visa Country page](#)): _____
2. Visa Country: _____ Purpose of Trip: _____
Visa Type (Pleasure/Business) _____ Duration of Stay: _____
Consular Fee ([view Visa Country page](#)): _____
3. Visa Country: _____ Purpose of Trip: _____
Visa Type (Pleasure/Business) _____ Duration of Stay: _____
Consular Fee ([view Visa Country page](#)): _____
4. Visa Country: _____ Purpose of Trip: _____
Visa Type (Pleasure/Business) _____ Duration of Stay: _____
Consular Fee ([view Visa Country page](#)): _____

RETURN

OVERNIGHT SHIPPING - \$ 25.00 SATURDAY SHIPPING - \$ 35.00

PAYMENT INFORMATION (Fees should be paid by Company Check, Personal Check or Money Order)

Consular, It's Easy, Inc. and all Shipping Fees can be combined in one check or money order.
Consulate Fee: _____
It's Easy, Inc. Service Fee: _____
Shipping Fee _____
Total Fee: _____