

FOR ARISTA USE ONLY:

CRM #: _____ ENTERED BY: _____

PIN: _____ VERIFIED BY: _____

Arista Passport And Visa Services, Inc.

2217 W. Olive Ave., Burbank CA 91506
Phone: (818) 665-2051 Fax: (818) 230-2169

www.aristavisa.com
E-mail: info@aristavisa.com

ORDER FORM

Please complete this form and include it with your documents and requirements package to Arista Passport And Visa Services.

TODAY'S DATE: _____

TRAVEL DATE: _____

NEED DATE: _____

TRAVELER'S NAME: _____

Assistant or Parent's Name: _____

Company Name: _____

Home Address: _____

Phone: _____ **Email:** _____

PASSPORT - US STATE DEPARTMENT

PASSPORT PROCESS	Federal Fees:	TURNAROUND SERVICE
US State Department (Document Fee) <input type="checkbox"/> Renewal (\$170) <input type="checkbox"/> New or First (\$195/Paid at USPS) <input type="checkbox"/> Minors Under 16 y.o. (\$165/Paid at USPS) <input type="checkbox"/> Minors Over 16 y.o. (\$195/Paid at USPS) <input type="checkbox"/> Lost or Stolen (\$195/Paid at USP) <input type="checkbox"/> Name Change / Amendments (\$60 - \$170) <input type="checkbox"/> Adding Pages (\$142) <input type="checkbox"/> Second (2-year) Passport (\$170) <input type="checkbox"/> Travel Card (\$30 - \$90)	\$ _____ ARISTA Fees: \$ _____ TOTAL: \$ _____	ARISTA (Expediting/RUSH Service Fee) Same-Day (\$350) <input type="checkbox"/> Next-Day (\$300) <input type="checkbox"/> 2 Days (\$250) <input type="checkbox"/> 4 Business Days (\$185) <input type="checkbox"/> 6 Business Days (\$155) <input type="checkbox"/> 9 Business Days (\$125) <input type="checkbox"/> 12 Business Days (\$95) <input type="checkbox"/> Other: _____

VISAS - FOREIGN CONSULATE/EMBASSY

VISA PROCESS	Consulate Fees:	TURNAROUND SERVICE										
<table border="1"> <thead> <tr> <th>COUNTRIES TO BE VISITED</th> <th>VISA CATEGORY</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1 - _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 2 - _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 3 - _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 4 - _____</td> <td>_____</td> </tr> </tbody> </table>	COUNTRIES TO BE VISITED	VISA CATEGORY	<input type="checkbox"/> 1 - _____	_____	<input type="checkbox"/> 2 - _____	_____	<input type="checkbox"/> 3 - _____	_____	<input type="checkbox"/> 4 - _____	_____	\$ _____ ARISTA Fees: \$ _____ TOTAL: \$ _____	Same-Day <input type="checkbox"/> Next-Day <input type="checkbox"/> STANDARD (Consulate Dictates) <input type="checkbox"/> Emergency (As Fast As Possible) <input type="checkbox"/> Other (Please Describe: _____) <input type="checkbox"/>
COUNTRIES TO BE VISITED	VISA CATEGORY											
<input type="checkbox"/> 1 - _____	_____											
<input type="checkbox"/> 2 - _____	_____											
<input type="checkbox"/> 3 - _____	_____											
<input type="checkbox"/> 4 - _____	_____											

PAYMENT METHOD - CHECK ALL THAT APPLY

Debit/Credit Card Check Cash Money Order Other (Specify)

Name On The Card: _____

Credit Card Number: _____ Exp.: ____/____

I authorize Arista Passport And Visa Services, Inc. to charge my credit card for the services selected above.

CARD HOLDER SIGNATURE: _____ **Date:** _____

SERVICE AGREEMENT - PLEASE VERIFY AND SIGN

By signing this Order Form, I acknowledge that I have read and agreed to Arista Passport And Visa Services TERMS OF SERVICE (attached).

CUSTOMER SIGNATURE (or authorized representative): _____

Date: _____

DOCUMENTS PICK UP / DELIVERY - PLEASE VERIFY AND SIGN

By signing below, I acknowledge that I have VERIFIED and RECEIVED all documents pertinent to the processes (including originals) and services for which I have hired Arista Passport And Visa Services to provide.

CUSTOMER SIGNATURE (or authorized representative): _____

Date: _____