



## CONTACT FORM

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### TRAVELER INFORMATION:

Last Name (Traveler 1): \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name (Traveler 2): \_\_\_\_\_ First Name: \_\_\_\_\_

**Return Documents to:**  Home or  Business (Name & c/o): \_\_\_\_\_

**EXACT** address (No P.O.Boxes): \_\_\_\_\_ Apt/Ste#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone** (required): \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date you need your passport** (Please allow maximum processing time for regular processing) \_\_\_\_\_

**Optional insurance:** \$9.00 per passport, in the unlikely event that your passport is lost or damaged in transit from GenVisa. This will cover your full out of pocket visa(s) and passport replacement costs up to \$2,000. Please check one of the boxes below.

**Yes**, I have added an additional \$9.00 per person for the optional insurance. *[FedEx Signature required upon delivery.]*

**No**, I decline the optional insurance and understand that in the unlikely event my passport is lost or damaged, Generations Visa Service liability is limited to \$100. *[No signature required upon delivery.]*

### **Services Requested:**

**Passport:** New:  Renew:  2<sup>nd</sup> Passport:

**Visas:** Tourist  Business  Country: \_\_\_\_\_

### **Payment Method for Applicable Fees:**

**3% surcharge will be added to All credit card transactions**

Check (Preferred):  # \_\_\_\_\_

Name on Card (MC; VISA; AMEX): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp.Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ SVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Mail materials to:

**GENERATIONS VISA SERVICE**

**2233 WISCONSIN AVE N.W. #311**

**WASHINGTON D.C. 20007-4119**

**1-800-845-8968**