



PASSPORT EXPRESS

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CREDIT CARD AUTHORIZATION FORM

Full Name: _____ Travel date: _____

Date of Birth: _____ Nationality: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Mobile phone: (____) _____ Work phone: (____) _____

Package tracking# _____ Check one: Fedex ___ UPS ___ Express Mail ___

Return Shipping information: _____

PAYMENT DETAILS:

Name on Credit Card: _____

Credit Card Number: _____ Expiration date: _____

Type of Card: Visa ___ MasterCard ___ Amex ___ Verification Code: _____

Billing address: _____ (Zip code) _____

Signature: _____ I authorize Passport Express to charge my

credit card for services rendered. \$ _____

Passport Express or any of its agents are not responsible for mistakes or delays from passport offices, consulates, embassies, travel agents, overnight courier services, or vital records departments. I understand that the passport office or above agencies can delay, deny or request additional documents at their own discretion.

PLEASE EMAIL THIS FORM BEFORE SHIPPING TO: info@thepassportXpress.com