



T.I.S., Inc.
INTERNATIONAL VISA SERVICE

Personal Information and Shipping Form

Please print form and fax or e-mail to our office before shipping

Name as it appears on the application: _____

Name of person sending the application (if different): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____ Office#: _____

E-mail: _____

What are you sending? Passport Applications _____ Visa Applications _____

How are you sending this package?

Postal: _____ FedEX: _____ UPS: _____ OTHER: _____ TRACKING

NUMBER: _____

Date Shipped: _____

Credit Card Information:

Type of Card: _____

Name on Card: _____ Credit Card

Number: _____

Expiration Date: _____ Security Code: _____ Billing Address Zip

Code: _____

I give permission for service charges, government fees, money order fees and return shipping charges to be charged to my credit card.

Signature: _____ Date: _____

FAX or EMAIL this form PRIOR to shipping and include the original signed form with the shipped request. Make sure you have included all of the copies of the required documents to complete your application request.

EMAIL: ivs@visalady.com FAX: 404-843-2259