

# Adams Passports and Visas

1105 N. Buena Vista St.  
Burbank, CA 91505  
(818) 859-7101

## Payment and Shipping Instructions

|   |                      |                      |                      |                      |
|---|----------------------|----------------------|----------------------|----------------------|
| FORM OF PAYMENT:  | CASH _____           | CHECK _____          | MONEY ORDER _____    | CREDIT CARD _____    |
| ACCOUNT #   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Visa and MasterCard Preferred</b>  |                      |                      |                      |                      |
|   |                      |                      | Exp (mm/yy)          | <input type="text"/> |
| Print Card Holder's Name _____  |                      |                      |                      |                      |
| Card Holder's Billing Address _____   |                      |                      |                      |                      |
| City & State _____ Zip Code _____   |                      |                      |                      |                      |
| Card Holder's Signature _____ Total Amount _____  |                      |                      |                      |                      |
| I the above signed, authorize Adams Passports and Visas to charge my credit card for total amount indicated   |                      |                      |                      |                      |
| <b>ALL SALES ARE FINAL</b>  |                      |                      |                      |                      |
| Customers paying by credit card for more than one visa may include the total amount for all visas on one slip. There is no need to pay for each Visa separately. All returned checks and disputed valid credit card charges are subject to a \$35.00 bank surcharge |                      |                      |                      |                      |

CANCELLATION POLICY: A \$20.00 per person handling and a return shipping fee will be charged

|  |                                   |
|--|-----------------------------------|
| <b><u>Shipping Address: (No P.O. boxes please)</u></b> | <b><u>FOR OFFICE USE ONLY</u></b> |
| NAME: _____  | INVOICE # _____                   |
| COMPANY: _____   | VISA FOR : _____                  |
| STREET: _____  | NOTES: _____                      |
| CITY: _____  | _____                             |
| STATE, ZIP: _____                                      | _____                             |
| PHONE: _____   | _____                             |
| DEPARTURE DATE FROM HOME: _____                        | _____                             |