

Company Name

Name of Applicant(s) _____

Home Address:	City:
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Province: _____ Postal Code: _____ Daytime Phone: _____

E-mail: _____ Evening Phone: _____

Contact Person during the application process: _____ Phone: _____

Travel Details

Date Passport/ Visa Required:

[illegible]

Payment Information

Card Type:	Visa	Card Number:		Expiry:	/	Security Code:	
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Master Card	I authorize Visa Connection to charge my credit card for the amount of: \$
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Amex	Signature:	Date:
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[Company Name] continuously works to provide safe delivery of all visas in a timely manner. Regrettably

Regrettably, we cannot accept responsibility of delayed, lost or stolen Passports.

When documents are submitted to a Consulate or Embassy, the issuance or refusal of the visa is restricted at their discretion.

Visa Connection will charge \$ 50.00 per person for cancelled visa applications. I agree to the terms and conditions outlined in the disclaimer:

Signature: _____ Date: _____

14A Hazelton Ave., Suite 204

Toronto, Ontario

M5R 2E2

Direct: 555-555-555

Fax: 555-555-555

Toll Free:555-555-5555