



23 PEMBRIDGE SQUARE,  
LONDON W2 4DR  
TEL.: 020 7727 2838  
FAX: 020 7727 2848

## US Passport Extra Pages

**Failure to complete this form may result in delay, please fax to 020 7727 2848 upon completion.**

|                                       |              |
|---------------------------------------|--------------|
| Company (if applicable)<br>Name _____ | Phone _____  |
| Ordered by _____                      | Ext _____    |
| Address _____                         | Fax _____    |
|                                       | E-mail _____ |

### TRAVELLER'S PASSPORT DETAILS AND TRAVEL INFORMATION

|                      |       |                |   |
|----------------------|-------|----------------|---|
| <b>Full Name</b>     | _____ |                |   |
| <b>Citizenship</b>   | _____ |                |   |
| <b>Passport No</b>   |       | <b>Expires</b> |   |
| <b>Date of birth</b> |       | <b>Sex</b>     | <input type="checkbox"/> Male <input type="checkbox"/> Female |

This service is usually completed in the same day, though when they are very busy this can take longer.  
The US embassy may require you to go in person if the passport is damaged.

I would like to receive my documents by this date (by 8 p.m.)

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### I. COLLECTION & DELIVERY

|  |   |                             |                          |
|--|---|-----------------------------|--------------------------|
| <input type="checkbox"/> <b>Collection address:</b> (courier only) | <input type="checkbox"/> <b>Delivery address:</b> | Royal Mail Special Delivery | <input type="checkbox"/> |
|  |   | Personal Collection         | <input type="checkbox"/> |
| Time   | Date  | Courier                     | <input type="checkbox"/> |

### III. PAYMENT DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |            |  |  |  |  |  |  |       |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------|------------|--|--|--|--|--|--|-------|--|--|--|--|--|--|
| <input type="checkbox"/> <b>Credit card</b>                      | Please charge my credit card according to Andrews Travel House price list and the service chosen |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |            |  |  |  |  |  |  |       |  |  |  |  |  |  |
| <input type="checkbox"/> Visa                                    | Cardholder name _____  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |            |  |  |  |  |  |  |       |  |  |  |  |  |  |
| <input type="checkbox"/> AmEx                                    | Cardholder address _____   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |            |  |  |  |  |  |  |       |  |  |  |  |  |  |
| <input type="checkbox"/> MasterCard                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |            |  |  |  |  |  |  |       |  |  |  |  |  |  |
| <input type="checkbox"/> Others                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |            |  |  |  |  |  |  |       |  |  |  |  |  |  |
| <input type="checkbox"/> <b>Cheque</b>                           | Card number  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Expiry |            |  |  |  |  |  |  |       |  |  |  |  |  |  |
| <input type="checkbox"/> <b>Cash</b>                             | <b>Security Code:</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        | Signature: |  |  |  |  |  |  | Date: |  |  |  |  |  |  |
| Between 2 – 4 % surcharge will be added for credit card payments |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |            |  |  |  |  |  |  |       |  |  |  |  |  |  |