



SERVICE ORDER FORM

1-866-538-5645

(604) 443-5076

www.embassylink.ca

Applicant's Full Name: _____

Ordered by: _____ Best contact details: _____

I was referred by: _____

Date of DEPARTURE from Canada: _____

Full Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Telephone: C: (____) _____ W: (____) _____ H: (____) _____

	COUNTRY	# of ENTRIES	LENGTH OF STAY	TOURISM or BUSINESS	SERVICE in DAYS*
1.					
2.					
3.					
4.					

*Using the information from our website, please clearly indicate your desired level of service.

Returning the passport:

- Personal Collection
- Local Courier Vancouver (\$10-\$30)
- Overnight Courier BC (\$20-\$40)
- Overnight Courier Canada (\$25-\$50)
- Own Courier service: _____

Courier Delivery Address (if different from above):

TOTAL CHARGES: Add visa charges and applicable courier fees: \$ _____.

Payment: Credit Card	Payment: Cheque
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Card Number: _____ Expiry Date: mm ____ / ____ yy Name on card: _____	Cheques made payable to Embassylink Ltd. Please contact us to confirm the amount if you have not been given a quote.

I acknowledge that I have read and understood the disclaimer, terms and conditions and privacy policy and hereby authorize EmbassyLink Ltd. to charge my credit card as listed above.

Signature: _____

Date: _____