## **CLIENT ORDER FORM**



## **VISAEXPRESS**

(416) 809-VISA Tel: (416) 809-8472 E-mail: postmaster@passportvisatoronto.com

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(	Client	Conta	ct Ini	torma	ifion

Last Name	First Name					
Contact Phone #:	E-mail:					
Documents to be E-mailed/ Faxed/ Dropped off in the office						
1. Order Form						
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- 2. Application Form
- 3. Copy of previous Canadian passport
- 4. Drivers Licence \*
- 5. Birth Certificate/ Citizenship Card or Certificate\*
- \* Not required for simplified passport renewal

Pa	yment Options (Circle your choice)			
1.	Cash			
2.	Money Order paid to VISAEXPRESS in the amount of			
3.	. Cheque paid to VISAEXPRESS in the amount of(Some restrictions apply			
	(Service Fee + 5% GST)			

## **Terms and Conditions**

I authorize VISAEXPRESS to handle my personal information for the purpose of obtaining a passport. By using the services of VISAEXPRESS I am accepting in whole the following terms and conditions: I assume all responsibility and liability that the information on government forms is true and complete. VISAEXPRESS assumes no responsibility for any errors, omissions or incomplete or illegible information on application forms. VISAEXPRESS assumes no responsibility for government processing and/or producing of passports. VISAEXPRESS is not responsible for the safety or security of documents once the documents passed into the control of the courier and has no liability for late delivery of documents. VISAEXPRESS will charge applicant for services + G.S.T. Service fee is over and above any applicable government fees. All payments and transactions are final. Any requests for refunds must be made within 24 hours of placing the order. A minimum administration fee of \$100 may apply.

I understand and fully accept the abovementioned.							
Name	Signature	Date					

We are not a government agency