



# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street  
Houston, Texas 77002

713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: [www.vippassports.com](http://www.vippassports.com) Email: [info@vippassports.com](mailto:info@vippassports.com)

## WORK ORDER REQUEST FORM

**(RETURN THIS FORM WITH EACH REQUEST)**

### BILLING INFORMATION:

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ST: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### RETURN DOCUMENTS TO:

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ST: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### CREDIT CARD INFORMATION:

CARD#: \_\_\_\_\_  
EXP. DATE: \_\_\_\_\_ CVV#: \_\_\_\_\_

**SIGNATURE OF CARD HOLDER  
REQUIRED:** \_\_\_\_\_

### BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: \_\_\_\_\_

**AUTHORIZED AMOUNT TO CHARGE MY  
CREDIT CARD: US\$** \_\_\_\_\_

**TRAVELERS NAME:** \_\_\_\_\_

**DATE OF USA DEPARTURE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DATE YOU NEED PASSPORT:** \_\_\_\_\_

**VIP RESERVATION/FILE LOCATOR NUMBER:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

### HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER\_\_ INTERNET\_\_ REFERRED\_\_ BY\_\_\_\_\_ WALK-IN\_\_\_\_\_



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## BURKINA FASO BUSINESS VISA (U.S. PASSPORT HOLDER)

### DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>2</u>
PASSPORT TYPE PHOTO (S):	<u>2</u>	ITINERARY/TICKET:	<u>1-COPY</u>
INT'L HEALTH CERTIFICATE:	<u>1</u>	COMPANY LETTER:	<u>1</u>
COPY OF INVITATION:	<u>N/A</u>	RELEASE LETTER:	<u>N/A</u>

OTHER: SEE NEXT PAGE FOR MORE DETAILED INFORMATION

**PLEASE FORWARD THIS SHEET AND ALL THE ABOVE REQUIREMENTS TO THE ABOVE LISTED ADDRESS**

### FEES PER PERSON:

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$75.00</u>
CONSULATE FEE:	<u>                    </u>
MONEY ORDER:	<u>\$6.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (48 TO 72 HOUR RUSH PROCESS)	<u>                    </u>
OTHER FEES: _____	<u>                    </u>
*ADD RETURN FEDERAL EXPRESS FEE:	<u>                    </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u>                    </u>

<u>*FEDERAL EXPRESS FEES:</u>		<u>**VISA PROCESSING TIME</u>	
PRIORITY LETTER	\$29.00	REGULAR PROCESSING TIME:	<u>4 TO 7 DAYS</u>
2-DAY LETTER	\$23.50	PLEASE MARK THE APPROPRIATE BOX IF YOU NEED TO HAVE VIP REQUEST THAT THE VISA BE ISSUED WITHIN 48 TO 72 HOURS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$20.00 SPECIAL HANDLING FEE).	
3-DAY LETTER	\$19.50		
SATURDAY LETTER	\$41.00		
1 <sup>ST</sup> OVERNIGHT DELIVERY	\$75.00		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

REVISED: 1-28-2016 (JENN)



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## **BURKINA FASO BUSINESS VISA**

**PLEASE SUBMIT THE FOLLOWING REQUIREMENTS**

**1.) U.S. PASSPORT**

- MINIMUM OF 1-YEAR REMAINING VALIDITY
- MUST HAVE AT LEAST 1 BLANK VISA PAGE

**2.) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)**

**3.) TWO COMPLETED APPLICATIONS**

**4.) COMPANY LETTER OF GUARANTEE**

**5.) COPY OF YOUR TRAVEL ITINERARY**

**6.) INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION**

**7.) CONSULATE FEE:**

NUMBER OF ENTRIES	PROCESS SPEED	CONSULATE FEE
MULTIPLE	4 TO 7 DAYS	\$140.00
	2 TO 3 DAYS	\$190.00

**VALIDITY: THE CONSULATE CAN ISSUE THE VISA VALID FROM 90 DAYS TO A 5 YEAR MULTIPLE-ENTRY. THE VALIDITY IS DETERMINED BY THE VISA OFFICER ON AN INDIVIDUAL CASE-BY-CASE BASIS.**

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## EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DATE: \_\_\_\_\_

EMBASSY/CONSULATE OF: \_\_\_\_\_

GENTLEMEN:

MR. / MRS. (**TRAVELER**) IS ONE OF OUR EMPLOYEES WHO IS  
ENGAGED AS (**POSITION**) FOR (**COMPANY NAME**). MR. / MRS.

(**TRAVELER**) PLANS TO VISIT (**CITY**) FOR THE PURPOSE OF (**DETAILED  
EXPLANATION OF TRIP**) WITH (**COMPANY TO BE VISITED**).

MR. / MRS. (**TRAVELER**) WILL BE DEPARTING THE UNITED STATES ON  
(**DATE**) AND WILL BE STAYING FOR (**LENGTH OF TRIP**). OUR COMPANY,  
(**EMPLOYER**), WILL GUARANTEE MR. / MRS. (**TRAVELER**) MAINTENANCE  
AND WILL BE RESPONSIBLE FOR HIS / HER WELFARE WHILE IN YOUR  
COUNTRY. HE / SHE IS IN POSSESSION OF SUFFICIENT FUNDS FOR HIS / HER  
STAY AND HAS PREPAID TRANSPORTATION TO RETURN TO THE UNITED  
STATES.

WE WOULD BE VERY APPRECIATIVE IF YOU WOULD ISSUE MR. / MRS.  
(**TRAVELER**) THE APPROPRIATE (**SINGLE OR MULTIPLE**) ENTRY BUSINESS VISA  
AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

(**SUPERVISORS SIGNATURE**)

PLEASE BE SURE THAT THE PERSON WHO AUTHORIZED YOUR TRIP SIGNS THIS  
LETTER. THE TRAVELER SHOULD NOT SIGN THIS LETTER.

**DO NOT ATTENTION THIS LETTER TO VIP SERVICES!**



# AMBASSADE DU BURKINA FASO A WASHINGTON D.C.

2340 Massachusetts Ave, D.C 20008  
Washington, D.C – USA  
tél: (202) 332-5577 – fax: (202) 667-1882

Photographie

## DEMANDE DE VISA

DE TRANSIT OU DE SEJOUR AU BURKINA FASO

N° \_\_\_\_\_/AMBF/WASH du...../...../.....

### Informations du demandeur

Nom (en lettre capitale) : .....

*Name*

Née (Nom de jeune fille) : .....

*Maiden name*

Prénoms : .....

*Given names*

Né(e) le : .... / .... / ..... (JJ/MM/AAAA) à ..... Sexe : M  F

*Date of birth (dd/mm/yyyy)* *Place of birth* *Sex*

Nationalité d'origine : .....

*Nationality of origin*

Nationalité actuelle : .....

*Nationality*

Situation de famille : ..... Nombre d'enfants : .....

*Relationship status* *Number of children*

Adresse du demandeur : .....

*Address*

Contact : .....

*Phone number*

Profession : .....

*Occupation*

### Informations Visa

Transit  à destination de : ..... date d'arrivée : ...../...../.....

*Transit* *Going to* *Arrival date*

Séjours  durée du séjour : ..... Nombre d'entrées :  Une.....  Multiples

*Stay* *Length of the stay* *Number of entrance*

Motif du voyage : ..... Type du visa:.....

*Purpose of travel*

Lieu(x) de destination : .....

*Destination*

Adresse au Burkina Faso : .....

*Address in Burkina*

Contact : .....

*Phone number*

### Informations Passeport

N° du passeport : ..... Date d'expiration : .... / .... / ..... (JJ/MM/AAAA)

*Passport number* *Validity date (dd/mm/yyyy)*

Délivré le : .... / .... / ..... (JJ/MM/AAAA) par : .....

*Issued date (dd/mm/yyyy)* *Place of issue*

Fait à.....,

Le .... / .... / ..... (JJ/MM/AAAA)

At

Signature du demandeur

*Signature*

.....