



VIP SERVICES

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vippassports.com Email: info@vippassports.com

WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____

PHONE: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____

PHONE: _____
FAX: _____
EMAIL: _____

BILLING INSTRUCTIONS:

AMOUNT ENCLOSED FOR DEPOSIT: _____

YOUR COMPANY P.O. OR REF#: _____

AUTHORIZED AMOUNT TO CHARGE MY
CREDIT CARD: US\$ _____

CREDIT CARD INFORMATION:

TYPE OF CARD: _____
CARD #: _____
EXPIRATION DATE: _____

SIGNATURE OF CARD HOLDER
REQUIRED: _____

VISA PROCESSING LIST COUNTRIES

AND
AND

CONSULATE FEES: CONSULATE FEES:

_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE YOU NEED PASSPORT: _____

SPECIAL INSTRUCTIONS: _____



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CAMBODIA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATIONS
(APPLICATION CAN BE COPIED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) CONSULATE FEES: \$30.00 - 5 TO 7 DAY PROCESS
\$40.00 - 3 TO 4 DAY PROCESS
\$50.00 - 2 TO 3 DAY PROCESS
\$80.00 - 1 TO 2 DAY PROCESS

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATIONS
(APPLICATION CAN BE COPIED)
- 4.) A COMPANY LETTER OF GUARANTEE
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) CONSULATE FEE: \$35.00 - 5 TO 7 DAY PROCESS
\$45.00 - 3 TO 5 DAY PROCESS
\$55.00 - 2 TO 3 DAY PROCESS
\$85.00 - 1 TO 2 DAY PROCESS

VALIDITY: VISAS ARE ISSUED FOR A SINGLE ENTRY WITHIN 90 DAYS FROM THE DATE OF ISSUE AND ARE VALID FOR A STAY OF UP TO (30) THIRTY DAYS.

REVISED: 1-8-2009 (EL)

Specializing in Visas, Passports, Document Legalization and Translations



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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!**



KINGDOM OF CAMBODIA

Nation Religion King



VISA APPLICATION FORM

Photograph
4 x 6

ROYAL EMBASSY OF CAMBODIA

IN : Washington D.C.

Please submit 1 copy with 1 photo and your passport

Surname:		Present occupation:									
First name:		Place of residence:									
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Fax: /Phone:									
Date of birth: Day.....Month.....Year.....		Work Place:									
Place of birth:											
Birth nationality:		Purpose of visit <input type="checkbox"/> Diplomatic <input type="checkbox"/> Tourist <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify)									
Present nationality:											
Passport of traveling document is valid for (country)											
Date of entry to Cambodia: Day.....Month.....Year.....		Point of exit:									
Date of departure (length of stay)											
Point of entry:		Means of Transportation:									
Means of Transportation:		Organization, Persons to be visited :									
Address during the visit:		First trip to Cambodia <input type="checkbox"/> Yes <input type="checkbox"/> No Traveling on group tour <input type="checkbox"/> Yes <input type="checkbox"/> No									
Passport No:											
Place of issue:		Children under 12 years traveling with you									
Date of issue:											
Date of Expiration:											
Relatives in the Kingdom of Cambodia		Surname		First name Patronymic		Sex M F		Date of birth		Permanent Address	

For official use

ថ្ងៃផ្តល់

ទិដ្ឋាការលេខ

លេខសំគាល់

ប្រភេទ

ថ្ងៃ ខែ ឆ្នាំ

ហត្ថលេខាបន្តិចទូលបត្តកម្មការកុងស៊ុល

I hereby declare that the information on this form is true and correct

Place, (Date).....

(Signature of the applicant)