



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 Email: 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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CAPE VERDE BUSINESS VISA *U.S. PASSPORT HOLDER*

DOCUMENTS REQUIRED:

VALID PASSPORT:	1	APPLICATION (S):	1
PASSPORT TYPE PHOTO (S):	2	ITINERARY/TICKET:	1-COPY
COMPANY LETTER:	1	DRIVERS LICENSE:	_____
COPY OF INVITATION:	_____	RELEASE LETTER:	_____
OTHER:	_____		

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

FEES PER PERSON:

VIP SERVICE FEE:	\$75.00
CONSULATE FEE:	_____
MONEY ORDER FEE:	\$6.00
OTHER FEES:	_____
*ADD RETURN FEDERAL EXPRESS FEE:	_____
TOTAL: (NO PERSONAL CHECKS)	_____

***FEDERAL EXPRESS FEES:**

PRIORITY LETTER	\$29.50
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50
1 ST OVERNIGHT DELIVERY	\$75.00

PROCESSING TIMES:

AVERAGE PROCESSING TIME 3 TO 5 DAYS

COMMENTS: _____

REVISED: 11-2-2017 (JENN)

Specializing in Visas, Passports, Document Legalization and Translations



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CAPE VERDE BUSINESS VISA

U.S. PASSPORT HOLDER

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1) **U.S. PASSPORT** (MINIMUM OF 6 MONTHS VALIDITY)
- 2) **TWO (2) PASSPORT TYPE-PHOTOGRAPH** (2x2)
- 3) **ONE (1) COMPLETED APPLICATION** (*APPLICATION CAN BE COPIED*)
- 4) **COPY OF YOUR TRAVEL ITINERARY**
- 5) **COMPANY LETTER OF GUARANTEE**
- 6) **CONSULATE FEE:**

NUMBER OF ENTRIES	LENGTH OF VALIDITY	FEE
SINGLE	30 DAYS	\$60.00
MULTIPLE	5 YEARS	\$114.00

SPECIAL NOTE: A U.S. CITIZEN IS EXEMPT FROM NEEDING A VISA IF THEY CAN PROVIDE DOCUMENTATION SHOWING CAPE VERDEAN ANCESTRY (*I.E. – BIRTH CERTIFICATE OF PARENTS AND/OR GRAND PARENTS*), OR PROOF OF MARRIAGE TO A CAPE VERDEAN CITIZEN.

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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!



República de Cabo Verde

Embassy of the Republic of Cape Verde
3415 Massachusetts Avenue, N.W.
Washington, D.C. 20007
Tel. (1 202) 965 6820
Fax. (1 202) 965 1207
<http://www.virtualcapeverde.net>

Consulate General of the Republic of Cape Verde
607 Boylston Street - 4th Floor
Boston, Ma 02116
Tel. (1 617) 353-0014
Fax. (1 617) 8599798
Email: cgcvbost@aol.com

DESPACHO
Nome de entidade competente
Função
Assinatura ou rubrica,

PEDIDO DE VISTO
DEMANDE DE VISTA
REQUEST OF VISA

FOTO

RESERVADO AOS SERVICOS – RESERVE AUX SERVICES – OFFICIAL USE ONLY

Reparticao _____	Tipo de visto _____	Data ____/____/____	Vaidade ____/____/____	Numero ____/____
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Nome Completo – Prenom et nom – Name and surname	
Nacionalidade – Nationalité - Nationality	Estado civil – Situation de famille – Marital status
Lugar e data de nascimento – Lieu et date de naissance – Place and date of birth	
Filiação - Parents	
Profissão - Profession	Morada actual – Domicile actuel – Present Address
Referencias em Cabo Verde – References au Cap Vert – References in Cape Verde	
Passaporte No:- Passeport No:- Passport Nr:	Emitido por – Delivre par – Issued by
Data de emissão – Date d'émission – Issue date ____/____/____	Válido ate – Valable jusqu'au – Valid until ____/____/____
Motivo de estadia – Raison de séjour - Purpose of stay	
Data de entrada – Date d'entrée – Date of entry ____/____/____	Requer a prorrogação do visto por mais.....dias Demande la prorogation de vista pourjours Require visa's prorogation for.....days
Data _____/_____/_____ Date	Assinatura Signature