



# VIP SERVICES

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: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### RETURN DOCUMENTS TO:

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### BILLING INSTRUCTIONS:

AMOUNT ENCLOSED FOR DEPOSIT: \_\_\_\_\_  
  
YOUR COMPANY P.O. OR REF#: \_\_\_\_\_

### CREDIT CARD INFORMATION:

TYPE OF CARD: \_\_\_\_\_  
CARD #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

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

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

<u>VISA PROCESSING</u>	<u>AND</u>	<u>CONSULATE FEES:</u>
<u>LIST COUNTRIES</u>	<u>AND</u>	<u>CONSULATE FEES:</u>
_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____

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

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

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

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

### **HOW DID YOU HEAR ABOUT VIP?**

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





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## CAPE VERDE

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

### TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION  
(APPLICATION CAN BE COPIED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) CONSULATE FEE:  
    \$ 59.16 - SINGLE ENTRY VISA  
    \$113.76 - MULTIPLE ENTRY VISA

### BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (1) ONE PASSPORT TYPE-PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION  
(APPLICATION CAN BE COPIED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) A COMPANY LETTER OF GUARANTEE
- 6.) CONSULATE FEE:  
    \$ 59.16 - SINGLE ENTRY VISA  
    \$113.76 - MULTIPLE ENTRY VISA

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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](mailto:cgcvbost@aol.com)

DESPACHO
Nome de entidade competente
Função
Assinatura ou rubrica,

PEDIDO DE VISTO  
DEMANDE DE VISTA  
REQUEST OF VISA

FOTO
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### 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 pour .....jours Require visa's prorogation for.....days
Data _____/_____/_____ Date	Assinatura Signature