



# 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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## 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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## 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