



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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VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: LEBANON TOURIST VISA

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> |
| COMPANY LETTER: | <u>N/A</u> | DRIVERS LICENSE: | <u>N/A</u> |
| COPY OF INVITATION: | <u>N/A</u> | RELEASE LETTER: | <u>N/A</u> |
| OTHER: <u>SEE NEXT PAGE FOR MORE DETAILED INSTRUCTIONS.</u> | | | |
| _____ | | | |
| _____ | | | |

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

FEES PER PERSON:

| | |
|---|----------------|
| VIP SERVICE FEE: | <u>\$75.00</u> |
| CONSULATE FEE: (SEE NEXT PAGE) | _____ |
| MONEY ORDER FEE: | <u>\$6.00</u> |
| OTHER FEES: | _____ |
| *ADD RETURN FEDERAL EXPRESS FEE: | _____ |
| TOTAL: (NO PERSONAL CHECKS PLEASE) | _____ |

*FEDERAL EXPRESS FEES:

| | | | |
|-----------------|---------|-------------------------|--------------------|
| PRIORITY LETTER | \$29.00 | AVERAGE PROCESSING TIME | <u>3 TO 5 DAYS</u> |
| 2-DAY LETTER | \$23.50 | | |
| 3-DAY LETTER | \$19.50 | PREPARED BY: | _____ |
| SATURDAY LETTER | \$41.50 | TODAY'S DATE: | _____ |

COMMENTS: _____

REVISED: 07-05-2017 (SDL)

Specializing in Visas, Passports, Document Legalization and Translations



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LEBANON

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA

- 1.) U.S. PASSPORT (MUST HAVE AT LEAST 1 BLANK VISA PAGE AND BE VALID FOR A MINIMUM OF 6 MONTHS)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS (APPLICATIONS CAN BE COPIED)
- 4.) COPY OF THE TRAVEL ITINERARY
- 5.) CONSULATE FEE:
 \$35.00 SINGLE ENTRY
 \$70.00 (6) SIX MONTH MULTIPLE ENTRY

BUSINESS VISA

- 1.) U.S. PASSPORT (MUST HAVE AT LEAST 1 BLANK VISA PAGE AND BE VALID FOR A MINIMUM OF 6 MONTHS)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS (APPLICATIONS CAN BE COPIED)
- 4.) COPY OF THE TRAVEL ITINERARY
- 5.) COMPANY LETTER OF GUARANTEE
- 6.) CONSULATE FEE:
 \$35.00 SINGLE ENTRY
 \$70.00 (6) SIX MONTH MULTIPLE ENTRY

NOTE: A SINGLE ENTRY VISA CAN BE ISSUED ON ARRIVAL. WHETHER YOU ARE GETTING YOUR VISA IN ADVANCE OR ON ARRIVAL, BE SURE THAT YOUR PASSPORT DOES NOT SHOW TRAVEL IN OR TO ISRAEL.

REVISED: 07-05-2017 (SDL)

Specializing in Visas, Passports, Document Legalization and Translations

EMBASSY OF LEBANON

2560 28th Street, NW
Washington, DC 20008
Tel: (202) 939-6300
Fax: (202) 939-6324
www.lebanonembassyus.org



**Attach Applicant's
Photo Here**
- white background
- front view, full face
- must be recent picture

VISA APPLICATION FORM

| | | | |
|---|---|--|---|
| 01 - Full Name (as per passport) First Middle Last | | | Official Use Only Decision: Type of Visa: Remarks: |
| 02 - Place of Birth (city/state/country) | 03 - Date of Birth Day Month Year | 04 - Sex Male Female | |
| 05 - Present Nationality | 06 - Nationality of Origin | 07 - Email Address: | |
| 08 - Passport Number | 09 - Issuing Country | 10 - Expiration Date Day Month Year | |
| 11 - Address in the U.S.A. Street Address: City: State: Zip Code: | | 12 - Home Phone or Cell # () - | |
| 13 - Purpose of Trip (please check correct item): Business Education Tourism Family Visit Official Other (please specify): _____ | | 14 - Employer (for students, name school/university) | 15 - Job Position or Title (for students, name major) |
| | | 16 - Business Address | |
| | | 17 - Business Phone Number () - | |
| | | 18 - Marital Status Single Married Divorced Separated | |
| 19 - If married, Provide Spouse Name | | 20 - Have you ever been to Lebanon Yes No | |
| 21 - If yes, provide the year of your most recent trip to Lebanon: | | 22 - Name and Address of <u>Contact Person</u>, Institution or Company in Lebanon | |
| 23 - Address in Lebanon where you will be staying (e.g., hotel, friend, other) | | 24 - Telephone Number in Lebanon | |
| 25 - Expected Date of Arrival Day Month Year | 26 - Duration of Immediate Trip | 27 - Port of Entry | |
| 28 - Type and duration of Visa requested: | | | |
| Single Entry 15 days | | One Month | Three Months \$35.00/Person |
| Multiple Entry Three Month Multiple | | Six Month Multiple | \$70.00/Person |
| <i>NB: The duration of the visa will start from the day it is issued</i> | | | |
| I declare that all particulars made in this application are true and am aware that any false statement may lead to my application being declined. | | | |
| Applicant's Signature: | | Date: Day Month Year | |

Please view complete **Visa Requirements** and locate the **Correct Consular Office** for your **Jurisdiction** to mail by visiting our website at www.lebanonembassyus.org