

Payment Form

Please fill in and detach form to pay by credit card.

CARD NUMBER: _____

X \$ 55.00 = \$

EXPIRATION DATE: _____
month/year

Number of
passports

Total to
be charged

FULL NAME: _____

I authorize the Embassy of the United States of America at Brussels, Belgium
to charge in dollars
the above account for passport services provided.

SIGNATURE: _____



Your credit card
should have
one of these logos:

