

**Atlas Passport & Visa Services**

visa@atlaspvs.com

**Atlas Immigration Services**

INS@atlaspvs.com

818-242-2400



**Atlas Legal Document Assistant Services**

LDA@atlaspvs.com

**Atlas Translation Service**

translations@atlaspvs.com

818-242-2400

**Atlas Legal and Immigration Services**

**PAYMENT SHEET**

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Best time to Contact: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Best time to Contact: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

What would like us to do for you?: \_\_\_\_\_

**Please complete all required information below**

TYPE OR USE BLACK PEN

**Payment Type:**

Credit Card:

Visa

MasterCard

American Express

Discover Card

Card Number: \_\_\_\_\_ V Code: \_\_\_\_\_

(Required)

Authorized amount: \$ \_\_\_\_\_ \* Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Full Name on the Card: \_\_\_\_\_

Billing Address of the Credit Card: \_\_\_\_\_

\_\_\_\_\_  
*Authorized signature*

\_\_\_\_\_  
*Print Full Name and Position (If applicable)*

**PLEASE READ AND INITIAL YOUR ACCEPTANCE OF THIS NOTICE:**

~~Utilizing and engaging other private and governmental entities' services on your behalf to achieve the required results, we cannot and do not guarantee such acts/approvals/certifications/benefits, etc. of such third parties. Whether the intended result is achieved or not, the entire financial risk burden of the task(s) you are employing Atlas to perform for you falls on you. Consequently, NO REFUNDS CAN AND WILL BE ISSUED ON OUR SERVICE FEES. Other unused fees (i.e. filing fees, shipping fees, consular fees), will be promptly refunded. All Express Warranties and warranties of fitness for specific purpose, implied warranties, and incidental and consequential damages arising out of or attributable to the limited task/service/item we are performing for you are hereby expressly disclaimed. In no event our liability shall exceed the amount received to perform the requested matter. I ACCEPT.~~

Initial here

**Important:** Please remember that charges to your credit card on your monthly credit card statement will appear as "ATLAS SERVICES 800-545-5599."

\* Where applicable, and depending on the type and category of service, or if fees are to be paid/advanced to third parties on behalf of our clients, sales tax and/or finance charges will be added to this amount.

**Atlas Services**

515 North Central Avenue, Suite B

Glendale, California 91203

818-242-2400, Fax: 818-242-2475

[support@atlaspvs.com](mailto:support@atlaspvs.com)