

Payment Form

Please fill in and print form to pay by credit card

CARD NUMBER:

EXPIRATION DATE (month/year):

FULL NAME:

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

SIGNATURE & DATE

| Description | Price each | Quantity | Total |
|---|------------|--------------|-------|
| Passport Book | \$ 110.00 | | |
| Passport Card | \$ 30.00 | | |
| Visa card holders are requested to obtain the authorization from their bank to enable payments in the U.S | | TOTAL | |

Your credit card should have one of these logos

