



Send to: G3 Global Services
 Attn: Passport Department
 388 Market Street, Suite 1520
 San Francisco, CA 94111
 877.898.1203 | SanFrancisco@g3visas.com

SAN FRANCISCO SECOND VALID PASSPORT

Your invoice will be sent to your contact email. Check here if you require a hard copy included with your return delivery.

Payment Information

Payment Via Check #: Check payable to G3 Global Services

Payment Via Credit Card:

Visa/MasterCard: 5 4 7 4 - 1 5 1 3 - 7 3 0 8 - 9 2 5 6

Exp. Date: 11 / 19 Security Code: 3 5 7

OR

American Express: - -

Exp. Date: ____ / ____ Security Code:

Name as it appears on the card:
 Darren K. Indyke

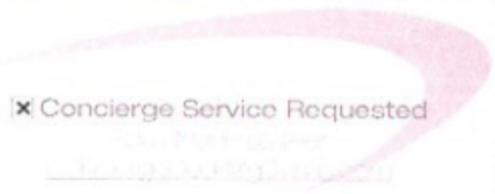
Billing Address: 575 Lexington Ave, 4th Floor

City: NY State NY Zip: 10022

Signature: _____

Payment Via Approved Billing Terms

G3 Customer Number, Billing, P.O., Project or Reference Code#:



Concierge Service Requested

Total Fees from Applicable Fees Page

	FEE	# Travelers	TOTAL
Concierge Fee	\$175.00	X <input type="text"/>	= \$175.00
US Government Fee	\$170.00	X <input type="text"/>	= \$170.00
G3 Service Fee	\$275.00	X <input type="text"/>	= \$275.00
Passport Protection Plan	\$40.00	X <input type="text"/>	= \$40.00
		Return Delivery Fee	\$84.00
		Subtotal	\$744.00
		Add 5% for credit card convenience fee	\$37.20
		Total Payment Enclosed	\$781.20

Traveler Information

Traveler 1 Name: Jeffrey Epstein Date of Birth: 01/20/1953

Traveler 2 Name: Date of Birth:

Passport Service

Service: Second Valid Passport (Book Only) Second Valid Passport (Book and Card)

Processing Speed: Mission Critical Priority Expedited

Travel Details

Date of US Departure: I must have my passport no later than: 05/27/2016

Other visa or passport services requested:

Notes:

Contact Information

Name: Darren Indyke Company:

Contact Email (required):

Daytime Phone: Mobile Phone:

Return Delivery Address

Name: Jeffrey Epstein Company:

Street Address: 9 East 71st Street

City: New York State: NY Zip Code: 10021

Daytime Phone: 2127509895 Mobile Phone:

Order

ASSOCIATE NAME: [REDACTED]
 DATE RECEIVED BY: [REDACTED]
 PROJECT NUMBER: [REDACTED]
 SUBMITTED BY: [REDACTED]
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