



Send to: G3 Global Services  
 Attn: Passport Department  
 388 Market Street, Suite 1520  
 San Francisco, CA 94111  
 877.898.1203 | [REDACTED]

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 #: [REDACTED] 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: [REDACTED] - [REDACTED] - [REDACTED]

Exp. Date: \_\_\_ / \_\_\_ Security Code: [REDACTED]

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#:

[REDACTED]

Concierge Service Requested  
*You'll thank us later.*  
[ConciergeDesk@g3visa.com](mailto:ConciergeDesk@g3visa.com)

**Total Fees from Applicable Fees Page**

	FEE	# Travelers	TOTAL
Concierge Fee	\$175.00	X [REDACTED]	= \$175.00
US Government Fee	\$170.00	X [REDACTED]	= \$170.00
G3 Service Fee	\$275.00	X [REDACTED]	= \$275.00
Passport Protection Plan	\$40.00	X [REDACTED]	= \$40.00
Return Delivery Fee			\$5.00
Subtotal			\$665.00
Add 5% for credit card convenience fee			\$37.20
<b>Total Payment Enclosed</b>			<b>\$702.20</b>

**Traveler Information**

Traveler 1 Name: Jeffrey Edward 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: ANTICIPATED 06/\_\_\_/2016

I must have my passport no later than: 06/\_\_\_/2016

Other visa or passport services requested:

Notes:

**Contact Information** Who should G3 contact about this request?

Name: Darren K. Indyke

Company: Darren K. Indyke, PLLC

Contact Email (required): [REDACTED]

Daytime Phone: [REDACTED]

Mobile Phone: [REDACTED]

**Return Delivery Address** This must be a physical address for FedEx delivery; no P.O. Boxes.

Name: Darren K. Indyke

Company: Darren K. Indyke, PLLC

Street Address: 575 Lexington, 4th Floor

City: New York

State: NY

Zip Code: 10022

Daytime Phone: [REDACTED]

Mobile Phone: [REDACTED]

Order

ASSOCIATE NAME:

DATE RECEIVED BY G3:

ORDER NUMBER:

# OF TRAVELERS:

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