



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

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:

Exp. Date: 11 / 19 Security Code:

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

You'll thank us later.

ConciergeDesk@g3veas.com

Total Fees from Applicable Fees Page

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

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 06/20/2016

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

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):

Daytime Phone:

Mobile Phone:

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:

Mobile Phone:

Order

ASSOCIATE NAME:

FOR OFFICE USE ONLY

DATE RECEIVED BY G3:

ORDER NUMBER:

OF TRAVELERS:

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