

Embassy Document Services LLC.

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Moldova Tourist Visa Support Letter / Voucher Request

Please feel free to call for assistance.

email invite@embdocserv.com

Personal Information: *all fields are required*

Last name: _____ First name: _____ ☐ Male ☐ Female

Date of birth: Country of birth: _____ City of birth: _____
mm-dd-yyyy

Passport number: Valid from: Valid to: Country of
mm-dd-yyyy mm-dd-yyyy Citizenship: _____

Country of departure: Date of Departure:

Contact Info: Telephone: _____ Email: _____

Has your visa application already been sent to EDS? **Yes** ☐ **No** ☐

Trip Information: *all fields are required*

Date of Entry into Moldova: _____ Date of exit from Moldova: _____

Cities to be visited: _____

Hotel Name: (if applicable) _____

Payment Method for Visa Support Fees: *all fields are required*

Government Processing time is 22 business days

Single Entry valid for 1 month stay ☐ \$445.00

☐ American Express ☐ VISA/MC ☐ Diners Club ☐ Discover ☐ USPS Money Order ☐ Check

Name on card: _____ Card Number: _____ Exp. Date: _____
mm/yy

Billing street address: _____ Billing city: _____

Billing State: _____ Billing Zip: _____ Billing Country: _____ CIV Code: _____

I hereby authorize Embassy Document Services, LLC to charge the cost of it's professional services, any embassy, U.S. State Department, and return delivery charges to my credit card. I agree to pay this amount to my credit card company.

Signature: _____ Will you be using EDS to apply for your visa? ☐ **Yes** ☐ **No**