



CUSTOMER INFORMATION

BASIC INFORMATION

Name:		
Date:	Date of birth:	Passport No:
Line ID:	Skype ID:	Nationality:
Thai Ph:	Visa Type:	Visa Entry Date:
Hear About Us?	Occupation:	Visa Expire Date:
Website:		Email:
Service(s) Required:		
Start Date:		End Date:
Start Date:		End Date:

Thailand Address:		
City: Chiang Mai	Province: Chiang Mai	ZIP Code:
Complex Name:	Checkin Date:	Checkout Date:
Home Country Address:		
City:	State:	ZIP Code:
Country:		

VISA APPLICATION INFORMATION

1 st Degree Type: High School / Diploma / Bachelor / Masters/ PhD		
Name of School:	Degree Year:	Major:
School Address:		
City:	State:	ZIP Code:
Country:		
Employer address:		How long?
2nd Degree Type: High School / Diploma / Bachelor / Masters/ PhD		
Name of School:	Degree Year:	Major:
School Address:		
City:	State:	ZIP Code:
Country:		