



U.S. Veteran Compensation Programs

An Aspyre Media Group, LLC Company

Office Use Only: _____

PLEASE TYPE or PRINT

2nd Order: 3rd Order:

ORDER FORM

IDENTIFICATION DATA

Name (first, middle, last): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Military Branch: _____

Date of Birth (mm/dd/yyyy): _____ SSN Last4: _____ Male: _____ Female: _____

Discharge Type: Honorable Under Honorable Conditions General Dishonorable

Awards (Check all that apply. Must have supporting documents if wanted on Veteran ID Card):

- | | | |
|---|---|---|
| <input type="checkbox"/> Air Force Cross | <input type="checkbox"/> Distinguished Service Cross | <input type="checkbox"/> Navy Cross |
| <input type="checkbox"/> Airman's Medal | <input type="checkbox"/> Distinguished Service Medal | <input type="checkbox"/> POW |
| <input type="checkbox"/> Bronze Star Medal | <input type="checkbox"/> Legion of Merit | <input type="checkbox"/> Purple Heart |
| <input type="checkbox"/> Coast Guard Medal | <input type="checkbox"/> Medal of Honor | <input type="checkbox"/> Silver Star |
| <input type="checkbox"/> Defense Superior Service Medal | <input type="checkbox"/> National Defense Service Medal | <input type="checkbox"/> Soldier's Medal |
| <input type="checkbox"/> Distinguished Flying Cross | <input type="checkbox"/> Navy & Marine Corps Medal | <input type="checkbox"/> No Special Recognition |

Current Compensation Rating

- 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% No Rating

Diagnosis or Special Medical Information: _____

Emergency Contact Name: _____ Telephone: _____

PAYMENT INFORMATION

Credit Card: MasterCard Visa Discover American Express

Security No.: _____ Expiration Date (mm/yyyy): _____

Note: Back of card. American Express use 4-digit in front of Card.

Signature: _____ Date: _____

Note: Credit card information processed through parent company - Aspyre Media, using PayPal secure site. Your card will be charged a one time amount of **\$13.99 + \$3.78 (S & H)** (Veteran ID Card w/o Picture) or **\$14.99 + \$3.78 (S & H)** (Veteran ID Card with picture).

Make Check or Money Order Payable to: **ASPYRE MEDIA**, Mail To: U.S. Veteran Compensation Programs, P.O. Box 420128, Dept. H1, Houston, TX 77242-0128

Check here if you want USVCP to release limited information about you for the purpose of verifying your military service online.

Note: Please enclose copy of your DD Form 214, 256, 257 or other documents that show proof of military service. Order Forms received without proof of military service will not be processed. When ordering Veteran ID Card with picture, please enclose your picture. Do not send any picture that cannot fit neatly inside a standard size 10 envelope. The picture you enclose will be returned to you with your Veteran ID Card.

Combat Era: World War II Korea Vietnam Lebanon Grenada Panama
 Persian Gulf Somalia Yugoslavia Bosnia Iraq Afghanistan
 Other: _____

Military History

Please Type or Print

Hometown:

High School:

College:

Military Training:

1st Duty Station:

2nd Duty Station:

3rd Duty Station:

4th Duty Station:

Note: Please provide as much detail as you would like. You are free to add additional documentation. When published, your online bio will be open to the public and viewable online. Use the QR Code on the back of your Veteran ID Card to go directly to your online bio page.

YES Please indicate if you would like to have all of your military documents you send as proof of
 NO Honorable military service digitally recorded and archived for safekeeping.

Sign: _____ Date: _____