2228 Decatur Place, NW
Suite 100
Washington DC, 20008
Toll Free: 877-729-4715
Fax: 202-299-9244
Email: support@abc1visa.com

ABC LEGALIZATION & TRANSLATION REQUEST FORM

Company Information	Translation Required
Company Name :	Applicant's Name :
Contact (Requested by)	Language needed to be translated to: _____
Phone: ( ) - Ext:	Number of pages to be translated: _____
Email:	Needed by Date: / /
Request Date: / /	

Service Required:

- ☐ Rush
- ☐ 3-7 days
- ☐ Routine

Number of Document(s)	Type of Document(s)	Country	

Legalization Services Needed (Check all that apply.)

- ☐ DC Notary
- ☐ Mayor's Office
- ☐ US Department of State
- ☐ Legalization
- ☐ Apostille
  Translation to: _____
- ☐ Secretary of State Seal
- ☐ Certification

METHOD OF PAYMENT

Direct Bill #	Full Name (as shown on credit card)		
Credit Card Type:	Credit card #	CVC(3 digits on the back)	Expiration Date /

Credit Card Billing Address

(All credit card charges are subject to a 4% credit card convenience fee.)

Address:

City State Zip

Signature: (Please include address of this credit card)

Checks enclosed : Check 1: Check 2: Total Amount

Processed documents to be sent back to:

Attention: Contact #: ( ) -

Address:

City State Zip

IMPORTANT INFORMATION:
ABC Visa & Passport SVCS acts as an agent and accepts no responsibility for any delays, damages, actions, inaction or loss of documents/passports by the U.S. Department of State, embassy, or any courier, delivery and postal services. Issuance of a visa or passport is a decision of the country which application is made or the U.S. Department of State. ABC Visa & Passport SVCS assumes no liability for a country's decision or the U.S. Department of State's decision or for delays encountered in processing an application.