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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	Apostille				
Mayor's Office Translation to:					
Secretary of State Seel					
US Department of State	Certification				
Legalization					
METHOD OF PAYMENT					
Direct Bill # Full Name (as shown on credit card)					
Credit Card Type: Credit card # Card Code (4-digits for Amex) Expiration Date					
Credit Card Type:	Credit card #		Card Code (4-digits for Amex) Expiration Date		
Credit Card Billing Addr	OSS (All gradit gard charges	are cubiect to	a 4º/ gradit gard convenie	noo foo \	
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 A	mount
Processed documents to be sent back to:					
Attention:	Contac	ct #: () -		
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.					