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(877) 440-7750

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Instructions:

Please fill out the information requested below.

Contact Information:

Name: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Country: _____ Phone Number: _____



Description of Documents Attached:

- 1. _____
- 2. _____
- 3. _____

Total Number of Documents: _____

Country for which the process is required: _____

Quote Amount: \$ _____ Date by which you need the documents (do not use ASAP): _____.

Overnight Shipping Requested (additional fee): _____ International Shipping Requested (additional fee): _____

Expedite Service (additional Fee): _____ Return Shipping Label Enclosed with Order (required): _____

Translation Fee: \$ _____ (non-affiliated third party translation company)

Special Instructions (if any): _____.

Payment information (circle option):

Cash___ Check___ Money Order___ VISA___ MC___ Amex___

Card Number: _____ Exp ___ / ___ Security Code: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Authorization:

By signing below I authorize Express Apostille Services to charge my credit card US\$ _____.

I authorize Express Apostille Services to obtain apostille and document authorizations on my behalf. I agree to indemnify and to hold Express Apostille Services, its employees, agents and affiliates harmless from all liability and expenses, including reasonable attorney's fees that maybe incurred as a result of my instructions. I understand that Express Apostille Services cannot, and does not, make any guarantees or warrantees regarding my request to Apostille, certify or translate my document(s) and also cannot guarantee any shipping and delivery times.

Signature: _____ Date _____