



ORDER FORM

Please send us this order form along with your documents to:

Apostille.net

"Trump Building" 40 Wall Street, 28th floor

New York, NY 10005

PERSONAL INFORMATION:

1. Today's Date: _____ 2. Client ID (Optional): _____
**Just In case that we have already assigned it to you*

3. Your Name: _____

4. Phone: _____

5. Email Address: _____

6. Please provide us with the mailing address where you would like us to return your documents:

Name: _____

Company (Optional): _____

Street Address: _____

City/State/Zip: _____

Country: _____ Phone: _____

ALTERNATE CONTACT (Optional, in case we are not able to reach you):

Name: _____ Phone: _____

Email: _____

DETAILS OF DOCUMENTS:

1. Country document(s) will be used in: _____

2. Please list the documents that need to be legalized: _____

FEES DEPENDING ON THE SERVICES REQUIRED: (Return FedEx is included in all services, domestic or international).

\$200 per Apostille (For Member Countries of the Hague Convention).

Includes: * Notary, * Notary Certification and Secretary of State Apostille.

\$500 per Embassy Legalization (For Non-Member Countries of the Hague Convention).

Includes: * Notary, * Notary Certification, Secretary of State Legalization, US Department of State Authentication in Washington, DC. and Embassy Legalization.

* Included in the fee if required.

NUMBER OF APOSTILLES OR EMBASSY LEGALIZATIONS REQUIRED:

Number of Apostilles _____ x \$200 = \$ _____

Number of Embassy Legalizations _____ x \$500 = \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT OPTIONS: (please select one)

Make **check** or money order payable to Apostille.net in US Dollars.

Pay with a credit card. * **Please fill out the credit card authorization form on the next page.**

CREDIT CARD AUTHORIZATION FORM

Please fill out this page if you chose to pay through credit card.

This payment is for: Apostille Services provided by "Apostille.net"

Name: (as is appears on the card) _____
First - Middle - Last Name

Credit card number: _____

Expiration date:

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month *year*

Credit card security number: _____

Visa, MasterCard - 3 digits
American Express - 4 digits



Type of credit card:

AMERICAN EXPRESS

VISA

MASTERCARD

Cardholder's billing address:

Company (Optional): _____

Street Address: _____

City/State/Zip: _____

Country: _____ Phone: _____

I, _____, give authorization to **Apostille.net** to charge my credit card
Print your name

account given above for the following payments.

Please write the payment amount below.

Description of service	Amount (USD)	How Many	Total (USD)
Apostille <i>For Member Countries of the Hague Convention.</i>	\$200		\$
Embassy Legalization <i>For Non-Member Countries of the Hague Convention.</i>	\$500		\$
TOTAL:			\$

By signing below, cardholder acknowledges receipt of services described above in the amount of the total shown herein and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Cardholder's Signature: _____ Today's date: _____