

TT5282

## **Services Order Form**

## Instructions:

Please send:

- this order form
- original FBI check and original diploma / notarized copy of diploma
- payment

• prepaid return to send completed documents back (please have YOUR name and address written as the sender, not ours)

We highly suggest having tracking information for your return.

## **Contact Information:**

First Name:		Last Name:		
Address:			Suite/Apt#:	
City:	State:	Zip Code: _	Country	
Email address:			Phone number:	

## **Document Information:**

Please list only the specific documents to be Apostilled/Authenticated:

1					
2					
3					
4					
Total # of documents to	be apostilled/authen	ticated:			
Country for which you re	quire this process: _				Quote Amount:
Payment Informatio	<b>n</b> (Select One):				
Method of payment:	Money order	Visa	MC	Amex	
Credit Card informat	tion (if applicable):				
Card Number:					
Exp Month/Year:			Sec	urity Code:	
Full Name as appears on	Card:				
Billing Address:					Suite/Apt
City:		State: _		Zip Code:	Country
By signing below I author in addition to a 4% credit			o charge my	credit card US\$	for all the services rendered,
Cardholder Signature (re	quired if paying by cr	edit card):			
US Authentication Servic attorney's fees that mayb	es, its employees, ag e incurred as a result warrantees regarding	ents and afi of my instru	filiates harml uctions. I une	less from all liability derstand that US A	n my behalf. I agree to indemnify and to hold and expenses, including reasonable uthentication Services cannot, and does not, nent(s) and also cannot guarantee any
Signature (required for A	LL clients to process	order):			Date:

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