

Expedited Document Legalization | Corporate Filing & Retrieval | Certified Translation

APOSTILLE  **PROS**
EST. 2008

Primary Contact Information

Name:	
Company:	
Address:	
City:	
State/Province:	Zip Code:
Country:	
Email:	
Daytime Tel:	

Return Shipping Address

Complete If different to primary contact information

Name:	
Company:	
Address:	
City:	
State/Province:	Zip Code:
Country:	
Email:	
Daytime Tel:	

Apostille Request - Document Information

Document Title / Individual Named in Vital Records	Qty	Name of the Country/Embassy/Consulate to which the document(s) will be presented?	
Total number of Apostilles or Legalizations submitted:		Date documents needed by:	

For Business/Entity Records Procurement, Entity Record Order Information

Entity Name		State of Incorporation/Registration	Entity Number	
		<input type="checkbox"/> DE <input type="checkbox"/> CA		
Document Title			Date Filed	Qty
Apostille/Legalize? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Destination Country/Consulate:		

Courier Service/Mail-in Address

Apostille Pros
3230 Arena Blvd., Ste. 245-427
Sacramento, CA 95834
Tel.: 1.866.338.8687 / 1.415.683.6994
M-F 9:00 AM to 5:00 PM (PST)

Walk-in Address

Apostille Pros
2706 Harbor Blvd., Ste. 206
Costa Mesa CA 92626
Tel: 1.949.335.5540
M-F 9:00 AM to 5:00 PM (PST)

Include this form with your document(s) attached.
Print clearly using only UPPER CASE/BLOCK LETTERS.

www.apostillepros.com | info@apostillepros.com

Translation Request - Call or Email for Quote

Document Title	Target Language	Destination Country

Apostille/Legalize the Translation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Destination Country:
Apostille/Legalize the Original Document(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Destination Country:

Special Services

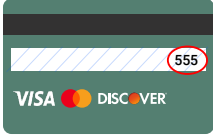

Do you require a scanned copy of your document(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No + \$20.00 fee per document	If Yes, Email to: <div>1</div> <div>2</div> <div>3</div>
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For Documents Destined for Middle Eastern Countries, Do you require a US-Arab Chamber of Commerce Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please include an additional \$195.00 per document certification fee to the total.
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Payment Method

<input type="checkbox"/> Check/Money Order: Payable to Apostille Pros, Inc.	<input type="checkbox"/> Credit Card: Enter Information below	<input type="checkbox"/> PayPal: A payment link is emailed upon receipt of your order	<input type="checkbox"/> Invoice for secure payment online: An Invoice is emailed with link for payment online	<input type="checkbox"/> Corporate Billing: Established accounts	<input type="checkbox"/> Western Union <input type="checkbox"/> Wire Transfer
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Credit Card Info

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	Visa, MasterCard, and Discover: On the back of the card in the top-right corner of the signature box, enter the three-digit number following the credit card number.	American Express: On the front of the card, enter the four-digit number on the right directly above the credit card number.
Card Holder Name:		
Credit Card No:		
Expiration Date: / Security Code:		

Credit Card Billing Address

<input type="checkbox"/> Same as "Primary Contact information" <input type="checkbox"/> Same as "Return Shipping Address" <input type="checkbox"/> Other
Enter "Other" Billing Address:

Other Special Instructions/Requests

Order Total & Cardholder Signature

Authorized Cardholder Signature : <div>X</div> <hr/> <p>By signing above, I the authorized cardholder, agree to and authorize APOSTILLE PROS to charge my credit card the amount as indicated in the "Total Amount to be charged" field for services rendered.</p>	Total amount to be charged: Include in the total the applicable return shipping fee & service options:
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