



ORDER FORM

Please send this order form along with your documents to:

Apostille.net LLC
25 Broadway, 9th floor
New York, NY 10004
+1 (212) 495-9323

PERSONAL INFORMATION:

1. Today's Date: _____
2. Company (Optional): _____
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

\$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.

NUMBER OF APOSTILLES OR EMBASSY LEGALIZATIONS REQUIRED:

Number of Apostilles _____ x \$200 = \$ _____
 Number of Embassy Legalizations _____ x \$500 = \$ _____
 Shipping to a US address FREE = \$ _____
 International Shipping \$45 = \$ _____
 TOTAL AMOUNT DUE \$ _____

PAYMENT OPTIONS: (please select one)

- Make check or money payable to Apostille.net LLC 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 form to pay by credit card.

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

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 LLC to charge my credit card
Print your name

account given above for the following payments: Today's date: _____

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		\$
Shipping to a US address FREE International Shipping \$45			\$

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: _____