



**Apostille Request Form**

1) Name: \_\_\_\_\_ Company: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Type of Document(s): Prices: Type of Document(s): Prices:  
1. \_\_\_\_\_ \$ \_\_\_\_\_ 5. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_ 6. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_ 7. \_\_\_\_\_ \$ \_\_\_\_\_  
4. \_\_\_\_\_ \$ \_\_\_\_\_ 8. \_\_\_\_\_ \$ \_\_\_\_\_

**\*SUBTOTAL: \$ \_\_\_\_\_**

3) Requested Service:  NY Standard Service  NY Express Service  NY Expedited Service  
 NY Emergency Service  Embassy Legalization  Other State or Federal Apostille

**Country or Consulate in which document(s) will be used in:** \_\_\_\_\_

4) Do you require a translation of the document(s)?  YES  NO

If YES- What is the desired language? \_\_\_\_\_ to \_\_\_\_\_ **\*PRICE OF TRANSLATION: \$ \_\_\_\_\_**

5) Is/Are document(s) to be returned to you or forwarded to a different address than the one above:

RETURNED to previous address  FORWARDED to a different address

6) If document(s) is(are) forwarded, enter information below:

a. Name: \_\_\_\_\_ Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

b. Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

c. State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

\*SHIPPING INSIDE USA:  Priority Mail \$25  Overnight Mail \$35  Internationally (varies) \$ \_\_\_\_\_

**\*\*CREDIT CARD FEE 3.8% : \$ \_\_\_\_\_**

**\*\*\*GRAND TOTAL: \$ \_\_\_\_\_**

I fully understand that by signing this Apostille Request Agreement: (1) I agree to pay \$25 handling charge for any and all of my returned checks; (2) I agree to pay and all legal and collection fees incurred by Apostille Corp in the process of collecting past due invoice(s), returned checks, and/or past due late charges owed to Apostille Corp by me; (3) Apostille Corp is not liable for any and all documents damaged or lost in transit, misplaced or improperly routed by any consular embassy or U.S. local, state, or federal government agency.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE USE ONLY		
1. Date Sent: ____/____/20____	2. Return : _____	Tracking # _____
3. FORM OF PAYMENT: <input type="checkbox"/> CHECK# _____	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CREDIT CARD
<input type="checkbox"/> WESTERN UNION	<input type="checkbox"/> BANK TRANSFER	

**Please print, fill out, and mail or scan this form with the order to**

**APOSTILLE CORP**  
41-01A 48<sup>th</sup> Street. Sunnyside NY 11104  
Tel: 718-751-6395  
info@apostillecorp.com