



FOR OFFICE USE ONLY

FILE NAME \_\_\_\_\_

DUE DATE \_\_\_\_\_

**APPLICATION FOR TRANSLATION**Translation from what language: \_\_\_\_\_  
(please specify)Translation into what language: \_\_\_\_\_  
(please specify)Mr. ☐ Ms. ☐\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)\_\_\_\_\_  
(Any Other Names on the Document[s])

Your Phone Number: [\_\_\_\_\_] E-Mail Address: \_\_\_\_\_

Your Address: \_\_\_\_\_

Please check one that applies: Mail \_\_\_\_\_ Fax \_\_\_\_\_ (Fax Number: [\_\_\_\_\_] \_\_\_\_\_)

**FEES:**

Translation \$ \_\_\_\_\_

Regular Service (3-5 business days) \_\_\_\_\_

24-48 Hour Rush Service \$ \_\_\_\_\_ (25% of translation fee)

Additional Copies \_\_\_\_\_ (\$15 each with this request, \$35 each when requested at a future date)

Priority Mail Service \_\_\_\_\_ (\$10)

Express Mail Service \_\_\_\_\_ (\$25)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year**CREDIT CARD AUTHORIZATION**Payment must be made by US Money Order or Credit Card. (No Personal Checks/No Debit Cards)  
(No 3<sup>rd</sup> Party Credit Cards Accepted)

AUTHORIZED AMOUNT \$ \_\_\_\_\_

TYPE OF CARD: Visa ☐/ MasterCard ☐/ Discover ☐/ American Express ☐

CARD NUMBER \_\_\_\_\_

CARD EXPIRATION DATE \_\_\_\_/\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_ CARDHOLDER SIGNATURE \_\_\_\_\_

CREDIT CARD CODE# \_\_\_\_\_ (3 numbers located on back of card [Discover, MasterCard, Visa] 4 numbers On front [AmEx])

**NOTES:**

After you review your translation, if you feel any changes are necessary, please advise us in writing immediately. Please provide supporting documentation for all proposed changes. No changes will be made unless they are fully documented. After one month from the date the translation is issued, a fee for any change will be charged.