

**[Please print, fill out and mail
this form with order]**

APOSTILLE REQUEST FORM

Mundos Multiservice: 40-08 Warren St. 2FL Elmhurst, NY 11373

Email: info@apostilleint.com

Tel: 1-844-606-8719

1. Name: _____ Company: _____
2. Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
3. Home Phone: _____ E-mail: _____ Cell Phone: _____
4. Requested Service: **Standard Service** **Express Service** **Expedited Service**
 Emergency Service **Embassy Legalization** **DOS Federal**
5. **Country or Embassy of Destination:** _____
6. Type of document(s): _____ Prices:

a. _____	e. _____	\$ _____	\$ _____
b. _____	f. _____	\$ _____	\$ _____
c. _____	g. _____	\$ _____	\$ _____
d. _____	h. _____	\$ _____	\$ _____

***SUB -TOTAL: \$ _____**
7. Are you requesting a (English-_____ or _____-English) translation of documents?
 YES NO ***PRICE OF TRANSLATION: \$ _____**
8. Is/Are document(s) to be returned to you or forwarded to a different address than the one above:
 RETURNED FORWARDED ***SHIPPING INSIDE USA (Priority Mail \$25/Overnight Mail \$35: \$ _____**
9. If document(s) is(are) to be forwarded, enter information below: ***SHIPPING INTERNATIONALLY: \$ _____**
 ***CREDIT CARD FEE 3.8% : \$ _____**
 a. Name: _____
 b. Company: _____
 c. Address: _____ ***GRAND TOTAL: \$ _____**
 d. City/Province: _____ State: _____
 e. Country: _____ Zip: _____ Telephone: _____

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 company's checks: (2). I agree to pay any and all legal and collection fees incurred by Mundos Multiservice in the process of collecting past due invoice(s), returned company's checks and/or the previously mentioned past due late charges owed to Mundos Multiservice by me; (3). Mundos Multiservice is not liable for any and all documents damaged or lost in transit and Mundos Multiservice is not liable for documents lost, 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: ____/____/____	Tracking # _____	
2. Return Envelop Courier: _____	Tracking # _____	Invoice # _____
3. Form of Payment:		
<input type="checkbox"/> CHECK# _____ <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> ZELLE <input type="checkbox"/> WESTERN UNION		