



Services Order Form

Instructions:

- **WHAT TO SEND:**
 1. Documents
 2. This order form
 3. Payment (check or money order payable to US Authentication Services, or cc information on this form)
 4. Prepaid return envelope
- **MAILING ADDRESS:** 7015 Old Keene Mill Road, Suite 203, Springfield VA 22150

Contact Information:

First Name: _____ Last Name: _____
 Address: _____ Suite/Apt#: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Email address: _____ Phone number: _____

Document Information:

Please list only the specific documents to be Apostilled/Authenticated:

1. _____
2. _____
3. _____
4. _____

Total # of documents to be apostilled/authenticated: _____

Country for which you require this process: _____ Quote Amount: _____

Payment Information (Select One):

Method of payment: Check Money order Visa MC Amex

Credit Card information (if applicable):

Card Number: _____

Exp Month/Year: _____ Security Code: _____

Full Name as appears on Card: _____

Billing Address: _____ Suite/Apt _____

City: _____ State: _____ Zip Code: _____ Country _____

By signing below I authorize US Authentication Services to charge my credit card US\$ _____ for all the services rendered, in addition to a 4% credit card convenience fee.

Cardholder Signature (required if paying by credit card): _____

I authorize US Authentication Services to obtain Apostille or Document Authentications on my behalf. I agree to indemnify and to hold US Authentication Services, its employees, agents and affiliates harmless from all liability and expenses, including reasonable attorney's fees that maybe incurred as a result of my instructions. I understand that US Authentication Services cannot, and does not, make any guarantees or warranties regarding my request to Apostille or certify my document(s) and also cannot guarantee any shipping and delivery times.

Signature (required for ALL clients to process order): _____ Date: _____