

(Please print, fill out and mail this form with order)

APOSTILLE REQUEST/AGREEMENT

Mundos Multiservice: 40-08 Warren St. 2FL Elmhurst, NY 11373
Tel: 1-844-606-8719 - Fax: 718-606-8723
Email: info@apostilleint.com

- 1. Requested by: _____ Company: _____
- 2. Address: _____
City: _____ State: _____ Zip: _____ Country: _____
- 3. Home Phone: _____ E-mail: _____ Cell Phone: _____
- 4. Requested Service: **Standard Service (2-3 business days)** **Express Service (24hrs/same day)**
 Expedited Service (pick up/drop off in NYC/24hrs) **Embassy Legalization** **DOS Service - State or Federal (4-7 business days)**
- 5. **Country or Embassy of Destination:** _____ **Referred by:** _____
- 6. Type of document(s): _____ Prices:

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

***SUB -TOTAL: \$ _____**
- 7. Are you requesting a (English-Spanish or Spanish-English) translation of documents for country of destination?
 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 \$15/Overnight Mail \$30: \$ _____**
- 9. If document(s) is(are) to be forwarded, enter information below: ***SHIPPING INTERNATIONALLY: \$ _____**
 - a. Name: _____ ***CREDIT CARD FEE 3.8% : \$ _____**
 - 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 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 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: ____/____/____

Printed Name: _____ Title: _____

| OFFICE USE ONLY | |
|---------------------------------------|---|
| 1. Date Sent: ____/____/20____ | |
| 2. Return Envelop Courier: _____ | Tracking # _____ |
| 3. Form of Payment: | |
| <input type="checkbox"/> CHECK# _____ | <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PAYPAL |