## Request for Document Legalization or Translation Form Account Number:

Call us for assistance:

General Information			
Company Name:		Account Number:	
Name of Person Making Requested Service:			
Telephone:	Fax:		Email:
Date of Request:	Date Documents Must	Be Returned:	
Legalization Request			
Requested Service:			
Country Where Documents Will Be Used:		Number of Documents:	
Translation Required: Yes No No		Translate From:	To:
Documents are: Corporate Personal		Name of Documer	t Owner:
Special Instructions:			
Document Return Instructions			
Return document(s) to this address via (plo	ease choose one): FedEx	UPS Courier	Call for Instructions Saturday Delivery
Name:		Company:	
Street:			
City:	State:		Zip:
This address is: Residential	Business	Telephone:	
Name (Print):		Signature:	
Payment by Credit Card			
I hereby authorize Travisa to charge the cost of its professional services to the following credit card. I agree to pay the charged amount to my credit card company.			
the charged amount to my create card company.			
Name on Card:			
Card Number:	Expiration (mm/yy):		Signature:
Billing reference/Cost Center information (as it must appear on your invoice):			
Send Your Documents To:			