NY APOSTILLE SERVICE

409 44th St, Copiague, NY 11726-1009

(866) 518-5115

Instructions:

Please fill in all the details on this form and enclose it with the documents that you send to NY Apostille Services. This form can be completed on your computer by clicking on each field and typing in the details. However, if you want, you can print out this document and write in the details by hand, please write your address legibly in capital letters. The cost for all services are on the Price List.

email: sales@ny-apostille.com

website: ny-apostille.com

Contact Information:		
Name:	Email:	
Company Name:		
Mailing Address1:		
Mailing Address2:		<u></u>
City:	State:	ZIP:
Country: Phone	Number:	
List of Documents:		
1	3	
2		
No. of Documents: Country the docur	ments will be used in:	
Date by which you need the documents (do not	t use ASAP):	
Special Courier Shipping (additional fee apply) USPS FedEx DHL Express USA		I Express International
Please fill this section if you have chosen 'Cred	dit Card' as your payment me	ethod.
Cash Check Money Order	Credit Card: VISA MC	DISC AMX
Card Number:	Ехр _	/ Security Code:
Billing Address:		_
City:	State:	ZIP:
Country:		
Note: Credit card charge will show as "Notary 8	& Apostille Service" on your s	statement.
Authorization: By signing below I authorize NY Apostille Service	es to charge my credit card i	n US dollars \$
Apostille Service, its employees, agents and affi maybe incurred as a result of my instructions.	iliates harmless from all liabil I understand that NY Apostill	on on my behalf. I agree to indemnify and to hold NY lity and expenses, including reasonable attorney's fees that le Service cannot, and does not, make any guarantees or d also cannot guarantee any shipping and delivery times.
Special Instructions:		
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Order # _____ Transaction # _____ Tracking Out _____