

Translation Request Form

TODAY'S DATE	DATE (NEEDED)		
TRAVELER'S NAME	NATIONALITY	PHONE #	
DELIVERY ADDRESS			
TRAVELER'S COMPANY NAME	/ ASSISTANT	PHONE#	
E-Mail			
Language			
<u>Translation Fee</u>			
Minimum of \$75.00 per page for fine print page	s and big job projects it is .22 cents po	er word	
RETURN POSTAGE – FedEx Ove	rnight		
Priority Delivery \$75.00- \$100.00 □ First	Overnight = \$150.00 Saturday	Delivery = \$150.00 □ International = \$15	0.00
<u>Total</u>	Payment = Translation Fee + 1	Return Postage	
METHOD OF PAYMENT			
TYPE OF CARDCREDIT CARD NU	MBER	EXP DATE	_
FULL Billing Address			
CVV#(The last three numbers	on the back of card for most cards and the	four digits on top of American Express Cards)	
NAME ON CREDIT CARD	SIGNATURE	(OF CARD HOL	LDER