



## LEGALIZATION & TRANSLATION WORK ORDER FORM

### GENERAL INFORMATION

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Requestors Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

### LEGALIZATION REQUEST

Country seal request: \_\_\_\_\_ Processing Location: \_\_\_\_\_

Country where Legalization required: \_\_\_\_\_ Number of Documents: \_\_\_\_\_

Translation Required: Yes      No      Documents are: Corporate      Personal

Language Translate From: \_\_\_\_\_ to: \_\_\_\_\_

Name of Document Owner: \_\_\_\_\_

Is Notarization Needed: Yes      No      Document Date Needed: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### DOCUMENT RETURN INSTRUCTION

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This address is: Residential      Business      Telephone: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

### PAYMENT METHOD FOR APPLICABLE FEES:

American Express:       MasterCard:       Visa:       Money Order:       **No Personal Checks**

I hereby authorize Atlas Visa Services, Inc. to charge the cost of its professional visa and passport services to the following credit card. I agree to pay this amount to my credit card company.

Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm      yy      Signature: \_\_\_\_\_

### DISCLAIMER

**Atlas Visa Services will not be held liable for any events beyond our control that will delay the issuance of the applicant's visa due to a consulate delay or overnight shipping delay by a third party. Atlas Visa's service fees and the consular's fees; will not be refunded in the event that the visa is denied or delayed. Please keep in mind, when dealing with foreign governments, notification of changes and protocol may change at little or no notice.**

**MAIL TO:      Atlas Visa Services, 1751 Clarendon Blvd, Arlington, VA, 22209 Tel: +1 703-418-0800**