

## **APOSTILLE OR EMBASSY LEGALIZATION ORDER FORM**

\*Note: Please fill out this form and send it with the documents to:

Top Flite Legalization – 4800 Hampden Lane, Suite 200 – Bethesda, MD 20814

CONTACT INFORMATION			
Contact name:			
Company (if applicable):			
Mailing Address:			
Phone number:			
Email address:			
DOCUMENTS DESCRIPTION			
Total No. of documents:	_		
Type of documents (s):			
Needed by date:	_		
Apostille / Embassy legalization services	requested: _		
Target country (s):			
DELIVERY INFORMATION			
Reference No.:			
Your Courier name (s): FEDEX	UPS	DHL	_ USPS
Account No.:			
Deliver via Top Flite Legalization FEDEX	account*:		
*Please note that there is an additional fee applie	d for using TFL co	ourier account nun	nber: <b>\$40.00</b> courier fee for
domestic (U.S. only) overnight return (documen		_	. ,
courier fee for international overnight return ( do	cuments must fit i	in a regular letter	size courier envelope)



## **PAYMENT METHOD\***

\*We accept money orders, cashier checks, company checks payable in U.S. dollars made out to Top Flite Legalization. We also accept credit cards issued in the U.S. only. If you have a credit card issued in another country, please use PayPal to make your payment.

Credit Card (s): VISA	MASTER	AMEX	PAYPAL	
Check (s): MONEY ORDER _	CASHIE	R CON	1PANY	
Coupon No.:				
CREDIT CARD INFORMAT	TION			
Cardholder's name:				
Billing address:				
 Credit Card Number:				
Expiry Date (mm/yy):				
Security Code:				
Amount (USD):				
	, auth	orize Top Flite	Legalization to cha	rge all fees in
USD for services rendered t	o my Visa/Maste	rCard/Americar	n Express (includin	g the 4%
credit card handling fee). I	have read and a	greed to Top Fl	ite Legalization <u>te</u>	rms and
conditions. I understand th	at requirements	and fees are su	bject to change w	ithout prior
notice. I understand that a	Il fees are non-re	efundable.		
Customer signature:			Date:	