

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 service	es requested	d:		
Target country (s):				
DELIVERY INFORMATION				
Reference No.:				
Your Courier name (s): FEDEX	UPS	DHL	USPS	
Account No.:				
Deliver via Top Flite Legalization FEDE	X account*:			
*Please note that there is an additional fee app	_		•	
domestic (U.S. only) overnight return (docum		_		-
courier fee for international overnight return (documents mus	t fit in a regular l	etter size courier enve	lope)



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 _	CASHIEI	R CON	1PANY	
Coupon No.:				
CREDIT CARD INFORMAT	ION			
Cardholder's name:				
Billing address:				
Credit Card Number:				
Expiry Date (mm/yy):				
Security Code:				
Amount (USD):				
	, auth	orize Top Flite	Legalization to cha	arge all fees in
USD for services rendered to	my Visa/Maste	rCard/Americar	n Express (includin	ig 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 the	at requirements	and fees are su	bject to change w	ithout prior
notice. I understand that al	I fees are non-re	fundable.		
Customer signature:			Date:	