

DATE / FECHA:

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Month / Mes

Day / Dia

Year / Año

CONTACT INFORMATION

NAME / NOMBRE:

ADDRESS / DIRECCIÓN:

CITY / CIUDAD:

STATE / ESTADO: ZIP / CODIGO POSTAL:

COUNTRY / PAIS:

PHONE / NUMERO de TELEFONO:

E-MAIL / CORREO ELECTRONICO:

DESCRIPTION OF DOCUMENTS SUBMITTED & AMOUNT OF DOCUMENTS / Descripción de Documentos Entregados y la Cantidad

COUNTRY BEING SENT TO?

PARA USO EN EL PAIS?

PAYMENT METHOD / TIPO de PAGO

CHECK (CHEQUE) / MONEY ORDER / CASHIER'S CHECK (CHEQUE DE CAJERO) (MAKE PAYABLE TO: Apostille LA Services)

CREDIT CARD / TARJETA de CREDITO (additional 4% credit card processing fee)

PAYPAL (additional 4% credit card processing fee)

CREDIT CARD PAYMENT / PAGO con TARGETA de CREDITO : PLEASE FILL OUT BELOW

CREDIT CARD NUMBER / NUMERO DE TARJETA:

FIRST NAME / NOMBRE:

LAST NAME / APEILIDO:

CITY / CIUDAD:

CONTACT NUMBER / NUMERO DE CONTACTO:

EXPIRATION DATE: / CSC:

MM Mes YYYY Año

BILLING ADDRESS / Dirección:

STATE / ESTADO: ZIP / CODIGO POSTAL:

E-MAIL / CORREO ELECTRONICO:

TOTAL AMOUNT TO BE CHARGED: \$

By signing below, I the authorized cardholder, agree to and authorize **APOSTILLE LA SERVICES** to charge my credit card the amount as indicated in the "Total Amount Due" field for the services to be rendered. An additional 4% credit card processing fee will be added.

CARDHOLDER SIGNATURE / FIRMA DEL CLIENTE: