

Reference: _____ Invoice: _____



APOSTILLE REQUEST/AGREEMENT

Valerie Nation, Certified Apostille Agent – Phone: (239) 691-0885

- Requested by: _____ on ____/____/20____
1. Address: _____ City: _____ State: _____ Zip: _____
 2. Home Phone: () _____ E-mail: _____ Cell Phone: _____
 3. Requested Delivery Date of Apostille: _____ **Country of Destination:** _____
 4. Number of docs: [] Academic [] Personal [] Corporate [] County [] State [] Federal
 5. Quantity of Documents of the same type and form for the same country of destination: _____
 6. Are you requesting a translation of the docs for the country of destination? [] YES [] NO
 7. Enter the name(s) of document(s) and the (their) current certification date(s) below:
 - a. Name: _____ Certified: ____/____/____
 - b. Name: _____ Certified: ____/____/____
 - c. Name: _____ Certified: ____/____/____
 - d. Name: _____ Certified: ____/____/____
 8. Is/Are document(s) to be returned to you or forwarded: [] RETURNED [] FORWARDED
 9. If the document(s) is(are) to be forwarded, enter the information below:
 - a. Name: _____
 - b. Address: _____
 - c. City/Province: _____ State: _____
 - d. Country: _____ Zip: _____

I fully understand that by signing this Apostille Request Agreement I agree to pay: (1). \$25 handling charge for any and all of my returned checks; (2). Ten percent per annum, or legal limit, compounded monthly interest late charge in addition to invoice amount on any and all past due invoices until paid in full; (3). Any and all legal and collection fees incurred by Valerie Nations in the process of collecting past due invoice(s), returned checks, and/or the previously mentioned past due late charges owed to him/her by me; (4). Valerie Nations's liability for any and all documents damaged or lost in transit is limited to \$100/document and Valerie Nations is not liable for documents lost, misplaced, or improperly routed by any consular embassy or U.S. local, state or federal government agency.

Signed: _____ Date: ____/____/____

Printed Name: _____ Title: _____

Company Name: _____

OFFICE USE ONLY

- | | | |
|---|---|------------------------------|
| 1. Date Received: ____/____/20____ | * Certification Mail Date: ____/____/20____ | * Tracking # _____ |
| 2. Apostille Out Date: ____/____/20____ | * Tracking # _____ | * State: _____ * Type: _____ |
| 3. Apostille In Date: ____/____/20____ | * Tracking # _____ | * Type: _____ |
| 4. Final Delivery: ____/____/20____ | * Tracking # _____ | * Type: _____ |