

ORDER FORM

Please send us this order form along with your documents to:

L.A. Attorney Services
445 S. Figueroa St., FL 31st
C/O Apostilles DEPT
Los Angeles, CA 90071

Personal Information

1. Today's Date:
2. Your Name:
3. Phone:
4. Email Address:
5. Please provide us with the mailing address where you would like us to return your documents:

Name:

Company (Optional):

Street Address:

City/State/Zip:

Country:

Phone:

ALTERNATE CONTACT (Optional, in case we are not able to reach you):

Name:

Phone:

Email:

DETAILS OF DOCUMENTS:

1. Country document(s) will be used in: _____
2. Please list the documents that need to be legalized: _____

FEES DEPENDING ON THE SERVICES REQUIRED:

\$155 for 1st Apostille additional documents \$75 (*For Member Countries of the Hague Convention*)
Includes: *Notary, *Notary Certification and Secretary of State Apostille.

\$550 per Embassy Legalization (*For Non-Member Countries of Hague Convention*).
Includes: *Notary, *Notary Certification, Secretary of State Legalization, US Department of State Authentication in Washington, DC and Embassy Legalization.

* Included in the fee if required.

NUMBER OF APOSTILLES OR EMBASSY LEGALIZATIONS REQUIRED:

\$155 first Apostille: \$_____ Additional Apostilles #:_____ X \$75 TOTAL: \$_____

Number of Embassy Legalizations # _____ X \$550= \$_____

PAYMENT OPTIONS: (please select one)

- Make cashier check or money order payable to **L.A. Attorney Services** in US Dollars.
- Pay with a credit card. *Please fill out the credit card authorization form on the next page.

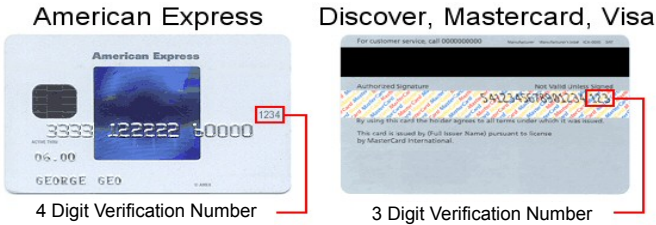
This payment is for: Apostille Services provided by "L.A. Attorney Services"

Name: (as it appears on the card)

Credit card number:

Expiration date:

Credit card security number:



Type of credit card:

- AMERICAN EXPRESS
- VISA
- MASTERCARD

Cardholder's billing address:

Company (Optional):

Street Address:

City/State/Zip:

Country:

Phone:

I, _____, give authorization to **L.A. Attorney Services** to charge my credit card account given above for the following payments.

Please write the payment amount below.

Description of service	Amount (USD)	How Many	Total (USD)
Apostille <i>For Member Countries of the Hague Convention.</i>	\$155 + \$75 x __		\$
Embassy Legalization <i>For Non-Member Countries of the Hague Convention.</i>	\$550		\$
Credit Card Processing Fee	9% of Above	1.09	\$
Total			\$

By signing below, cardholder acknowledges receipt of services described above in the amount of the total shown herein and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Cardholder's Signature: _____

Today's Date _____