## **DOWNTOWN LA APOSTILLE**

AUTHENTICATION / APOSTILLE REQUEST FORM

agrees to first attempt resolution directly with the Company before initiating a chargeback with the issuing bank. By signing, Cardholder confirms they are an authorized user of the payment method provided and understand their responsibility for any charges incurred. ALL SALES ARE FINAL

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ur Signature			Date
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маке	Check or Money Order Pa	yable to DILA APOSIII	LLE and mail to:
		VN LA APOSTILLE	
	FI	TH FLOWER ST LOOR 19th	
**Attacked as Authorized December Math		GELES, CA 90071	1 **00/ ** - l
payment, the customer agrees to the **to			I **9%** charge on the total amount. By proceeding v lable.**
Card Number:		Expiration Date	
Name on Card :		City	MM / YY
Name on Card .		City :	Zip Code :
Billing Address :		State :	Phone:
Total Amount to be Charged : \$	Email :		
By signing this form, the undersigned cardho Angeles Notary Public, LLC ("Company") to ch			