

Reference: _____

APOSTILLE REQUEST FORM Formulario para pedir APOSTILLA

Sergio Musetti, 4005 Manzanita Ave, #6-155, Carmichael, CA 95608

Cost: First document \$180; additional docs \$80 each

1. Requested by: _____

2. Address: _____ City: _____ State: _____ Zip: _____

3. Phone _____ E-mail _____

4. **Country of Destination:** _____ Number of docs _____

Are you requesting a translation of documents for country of destination? [] YES [] NO

5. Enter name of documents and their current certification dates below:

Name: _____ Issue date ____/____/____

Name: _____ Issue date ____/____/____

Name: _____ Issue date ____/____/____

Name: _____ Issue date __/__/____

6. Return to: Name, phone, address _

7. 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 SERGIO MUSETTI 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). SERGIO MUSETTI's liability for any and all documents damaged or lost in transit is limited to \$100/document and SERGIO MUSETTI 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: _____

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