

EXPRESS DOCUMENT AUTHENTICATION SERVICE (EDAS)

1930 18th Street NW, Unit #1, Washington DC 20009

Telephone # 202-223-8823 • Fax: 530-579-3315

E-Mail: info@expressauthentication.com

SERVICE ORDER FORM

NOTE: Please complete one service order form per customer

Contact Name if EDAS has questions: _____

Telephone #: _____

E-mail: _____

DATE DOCUMENT NEEDED BY:	Who Referred You to EDAS: (Please write Company Name if applicable)
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Service Requested (Apostille, Authentication or Legalization)	Country where the document will be used	# of Documents	EDAS Service Fee	Secretary of State Fee (where the document was notarized) – “state level”	US Dept of State Fee (Federal level)	Embassy Legalization Fee	TOTAL

NOTES: <ul style="list-style-type: none"> ● See bottom of page 2 for payment options ● See page 3 for credit card authorization form 	<input type="checkbox"/> FedEx Overnight Return Delivery (\$43.00)	\$
	<input type="checkbox"/> FedEx Second Day Return Delivery (\$35.00)	\$
	<input type="checkbox"/> FedEx Saturday Return Delivery (\$75.00)	\$
	<input type="checkbox"/> FedEx Signature Required Delivery (optional \$7.00)	\$
	Total Fees	\$
	5% Credit Card Processing Fee	\$
	TOTAL	\$

Instructions for Return of Travel Documents:

Check here if you require a signature to receive the package to be sent by Express Document Authentication Services (there is a \$7.00 additional fee to cover the delivery company's charge for this option).

Check here if you have included a prepaid FedEx, UPS, USPS, or DHL return shipment label that was prepared online (credit card number OR account # is not shown on the label). Note: Express Document Authentication Services does not accept return shipment labels that were prepared by hand or using a typewriter. Tracking #:

BILLING INFORMATION (applicable to corporate clients only)		PHYSICAL ADDRESS FOR RETURN OF PACKAGE CONTAINING LEGALIZED OR APOSTILLE DOCUMENTS	
Company:		Name:	
Dept:		Company:	
Street (no P.O. box):		Street (no P.O. box):	
City:	State:	City:	State:
Zip Code:	POC Name:	Zip Code:	Country:
POC Email:	POC Ph #:	Phone # Applicable to Delivery Address:	

EDAS USE ONLY	Received on:	Via:	EDAS Agent Name:
Date passport returned to client:		Airbill #:	
Return shipping via (circle one): FedEx UPS DHL Courier			

Note: Invoices are due 21 days from the invoice date. If payment is not received by the due date, a late pay penalty of 10% of the amount due will be assessed.

Forms of Payment Accepted by Express Document Authentication Services

Select applicable type: Credit Card Money Order Cashier's Check Company Check
 Paypal* Wire Transfer Debit Card

*A 5% surcharge or processing fee will be added to the invoiced total for payments remitted through Paypal. Please print and include the confirmation of completed payment that you receive from Paypal.

If you are paying by Company Check, Certified Check or Money Order:

Check Number: _____ Amount : \$ _____

In engaging the services of Express Document Authentication Services (EDAS) it is acknowledged and agreed by the customer that Express Document Authentication Services (EDAS) cannot and does not accept responsibility for any loss of or damage to customer's documents due to causes beyond its control or while in the possession of parties other than Express Document Authentication Services (EDAS), including but not limited to courier services, delivery service, postal services or any embassies or consulate offices or the US Department of State or the Secretary of State. This includes damages incurred by a third party. Authentication by the US Department of State or the Secretary of State or legalization by the consulate/embassy is a decision of the country or the US Department of State or Secretary of State, Express Document Authentication Services (EDAS) assumes no liability for a country's decision or country's or US Department of State or the Secretary of State's delay in authentication and legalization process. If the document authentication and legalization request is denied by an embassy or by the US Department of State or the Secretary of State, Express Document Authentication Services (EDAS) "service fee" is non-refundable. Embassy or the US Department of State or the Secretary of State will be refunded ONLY if the embassy or the US Department of State or Secretary of State issues a refund.

Authorization for Use of Credit Card:

If you are using a credit card or debit card to remit a payment to Express Document Authentication Services (EDAS), please read the terms below. *If you do not agree with these terms and conditions, please arrange alternate mode of payment (see types on page 2 of this form).* If you agree with these terms, please sign and date at the bottom of this page. **By signing the authorization below, you agree to the following terms and conditions:**

- A. The merchant name that will appear on your credit card statement will be “Travel the World Visas”, located in Bethesda, Maryland (telephone #: 202-223-8822)
- B. 5% card processing fee will be added to the total remitted amount. *For international credit and debit cards, this fee is 8% of the total remittance.*
- C. If a card transaction will be disputed by the card holder for whatever reason, a \$25.00 charge back fee will be collected from the card holder.
- D. The credit cardholder **MUST** be the applicant. If the cardholder is different from the applicant, a signed letter of authorization typed on a company/business letterhead must be provided by the cardholder or the authorized person.

I, _____, authorize Travel the World Visas to charge all fees (**including the applicable credit card processing fee**) associated with this order to the following credit card account:

Credit Card Service Provider: American Express, MasterCard, Visa, Discover

Credit Card #: - - - - Expiration Date (MM/YY): / /

Card Security Code: **(for American Express, the code is 4 digits located at the front of the card. For Visa, MasterCard or Discover the code is 3 digits located at the back of the credit card)**

Enter credit card account billing address if different than the billing address indicated above

Street:	City:
State:	Zip Code:

Name (typed):

Signature: _____

Date: