

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

<p>NOTES:</p> <ul style="list-style-type: none"> ● See bottom of page 2 for payment options ● See page 4 for credit card authorization form 	<input type="checkbox"/> Overnight Return Delivery (\$58.00)	\$
	<input type="checkbox"/> Second Day Return Delivery (\$50.00)	\$
	<input type="checkbox"/> Saturday Return Delivery (\$95.00)	\$
	<input type="checkbox"/> Signature Required Delivery (optional \$10.00)	\$
	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 \$10.00 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 (Check One Below): _____ FedEx Return Mail _____ UPS Return Mail	
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.

<p>Forms of Payment Accepted by Express Document Authentication Services</p> <p>Select applicable type: <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Company Check <input type="checkbox"/> Paypal* <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Debit Card <input type="checkbox"/> Zelle</p> <p>*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.</p>

If you are paying by Company Check, Certified Check or Money Order:
 Check Number: _____ Amount : \$ _____

**PLEASE READ & SIGN DISCLAIMER BELOW BEFORE YOU ENGAGE THE SERVICE OF TRAVEL THE WORLD
VISAS and/or EXPRESS DOCUMENT AUTHENTICATION SERVICES**

In engaging the services of Travel the World Visas and/or Express Document Authentication Services it is acknowledged and agreed by the customer that Travel the World Visas and/or Express Document Authentication Services cannot and does not accept responsibility for any loss of or damage to customer's passport, visas or documents due to causes beyond its control or while in the possession of third parties other than Travel the World Visas and/or Express Document Authentication Services, including but not limited to courier services, delivery service, postal services, US Department of State, Secretary of State, or any embassies or consulate offices, or any expenses, losses or other damages of any kind incurred by anyone as a result of any loss of or damage to such documents. Travel the World Visas and/or Express Document Authentication Services assumes no liability for a country's decision or for delays encountered in processing the documents for legalization.

If you want the FedEx or UPS package return "insured" by FedEx or UPS, please provide Travel the World Visas and /or Express Document Authentication Services your own prepaid return label. The return mail fee listed on page 1 does not include "liability insurance". Travel the World Visas and/or Express Document Authentication Services will not be held responsible for the action of a third party.

Print Name: _____ **Signature:** _____ **Date:** _____

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 Washington DC (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: