**APOSTILLE/AUTHENTICATION REQUEST FORM**

### Information about you

Your last name: 
First name: 
Company name (if you represent a business): 

### Your address

<table>
<thead>
<tr>
<th>House Nr. and Street Name:</th>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City: 
State/Province: 
Zip/Postal Code: 
Country: 
Email address: 
Telephone: 

### Shipping details – for requests by mail

(We use FedEx in the U.S. If you indicate a PO Box, then we will use USPS).

<table>
<thead>
<tr>
<th>Same as the mailing address above?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address where to return the documents: 
Name of recipient: 
House Nr. and Street Name: 
<table>
<thead>
<tr>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

City: 
State/Province: 
Zip/Postal Code: 
Country: 
Telephone: 

Check this box if a signature is required to receive the documents. If you don’t check, the courier may leave the package at your door (Global Apostille will not be responsible for the documents if left and lost)

### Information about your documents

<table>
<thead>
<tr>
<th>Country where the documents are going to be used:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Document type: 
Total number of documents: 

I am requesting: 
- [ ] Apostille 
- [ ] Authentication 
- [ ] Legalization 
- [ ] Other ____________

Processing type: 
- [ ] Standard processing 
- [ ] Rush processing (add $100 / per state)

Cost of shipping to a foreign country: 
Estimated total cost: 

I acknowledge that I provided correct information, I have read and agree to Terms and Conditions on the Global Apostille's website.

Signature: 

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Global Apostille
3855 Holcomb Bridge Rd. Suite 300
Norcross, GA 30092
USA
Tel: +1-770-447-0360
Fax: +1-770-447-0790
E-mail: gapostilleusa@gmail.com
www.GlobalApostille.us
**Payment Information**

Make payments payable to “Global Apostille”

**Please choose your payment option:**
- Money Order
- Western Union
- Cashier’s, Personal or Business check
- PayPal
- MoneyGram
- Bank Transfer (add $15)
- Credit card

**Name on the credit card:**

**Company name:**

**Credit card number:**

**CVV**

**Expiration date:** (mm/dd/yyyy)

**Credit card billing address:**

Same as the mailing address above? ☐ Yes  ☐ No, then indicate address below

**House Nr. and Street Name:**

**City:**

**State:**

**Zip/Postal Code**

**Email address:**

**Telephone:**

I, ____________________________ (your name), hereby authorize Global Apostille to charge my account in the amount of $____________ to process apostille and/or authentication requests for my documents.

I understand that this payment is non-refundable. The refund will only be issued if Global Apostille is unable to obtain an apostille or if I cancel my request in writing (by fax or email) before Global Apostille begins processing my documents.

Signature of person authorizing payment: ____________________________ Date: (mm/dd/yyyy)

**Mail to the address at the top of the form**

1. This completed Apostille/Authentication Request Form
2. Letter of Authorization for Embassy/Consulate Legalization (we will provide if applicable)
3. Original document(s)
4. Photocopy of the applicant’s passport or a U.S. driver’s license
5. Payment made payable to “Global Apostille”