



TRAVEL DOCUMENT SOLUTIONS

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### Document Service Order Form

**Apostille/authentication/legalization Service:**

Number of Document/s: \_\_\_\_\_

Country for Use: \_\_\_\_\_

**Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Mailing Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Return Shipping Order:**

- I will use my own Prepaid carrier label (FedEx, UPS, USPS)       \$45 Next Day (Weekday) Delivery (FedEx)
- \$38 Second day (Weekday) Delivery (FedEx)                       \$70 FedEx Saturday Delivery (If available)
- Package delivery signature required (Additional \$7.00)       International shipping (call for quote)

**Payment information:**

**Credit Card information** (if applicable): Money Order \_\_\_\_\_ Check: \_\_\_\_\_ Credit card: \_\_\_\_\_ PayPal: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Month/Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Full Name as appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country \_\_\_\_\_

By signing below I authorize AMB Express Travel Document Solutions to charge my credit card for all the services rendered and the additional 5% credit card/PayPal processing fee or 8% additional charges for international credit card/debit card or PayPal charge. If card is declined for whatever reason, a charge back of \$25 will be collected from the cardholder.

Cardholder Signature (required if paying by credit card): \_\_\_\_\_

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