

Reference: \_\_\_\_\_



## APOSTILLE REQUEST/AGREEMENT

### The Apostille & Notary Service – (713)410-2375

1. Requested by: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/20\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_
3. Home Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
4. Requested Delivery Date of Apostille: \_\_\_\_\_ **Country of Destination:** \_\_\_\_\_
5. Number of docs: [ ] Academic [ ] Personal [ ] Corporate [ ] County [ ] State [ ] Federal
6. Quantity of Documents of same type and form for same country of destination: \_\_\_\_\_
7. Are you requesting a translation of documents for country of destination? [ ] YES [ ] NO
8. Enter name of documents and their current certification dates below:
  - a. Name: \_\_\_\_\_ Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - b. Name: \_\_\_\_\_ Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - c. Name: \_\_\_\_\_ Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - d. Name: \_\_\_\_\_ Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_
9. Is/Are document(s) to be returned to you or forwarded: [ ] RETURNED [ ] FORWARDED
10. If document(s) is(are) to be forwarded, enter information below:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. City/Province: \_\_\_\_\_ State: \_\_\_\_\_
  - d. Country: \_\_\_\_\_ Zip: \_\_\_\_\_

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 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). liability for any and all documents damaged or lost in transit is limited to \$100/document and TANS 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: \_\_\_\_\_

### OFFICE USE ONLY

1. Date Received: ____/____/20____	* Certification Mail Date: ____ 20__	* Tracking # _____
2. Apostille Out Date: ____/____/20____	* Tracking # _____	* State: _____ * Type: _____
3. Apostille In Date: ____/____/20____	* Tracking # _____	* Type: _____
4. Final Delivery: ____/____/20____	* Tracking # _____	* Type: _____