

Authxperts

1 Research Court, Suite 450 Rockville, MD 20850, USA Phone/Fax: 1 (866) 721 0746

Authentication Transmittal Form

Note: Please fill in all the details in this form and enclose it with the documents that you send to Authxperts.
You can fill this form on your computer by clicking on each field and typing in the details. However, if you prefer to write the details by hand, you are requested to write your address legibly in capital letters. We will use this address to return your documents.

• Fields marked * are mandatory.

	Personal Details
Name*	
Mailing address*	
Phone*	
Email address*	

Delivery Details

Delivery via Authxperts

Delivery via Personal Courier (please provide printed prepaid label)

Courier Name

Account Number

Please specify if you want your document to be returned via ordinary USPS mail (additional handling charges will apply). Our service charge does not include return shipment charges unless quoted otherwise.

Description of Documents*

No. of documents

List of documents

Country in which documents will be used*

Date by which you need the documents

Payment Method*

Credit Card (Visa / Master Card / AmEx)

(a 4% Convenience charge applies)

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Check / Money Order / Cashier's Check (no personal checks please) Bank Wire (please attach wire confirmation)

Credit Card Details

Please fill this section if you have chosen 'Credit Card' as your payment method above. You can also make a secure payment directly on our website, http://www.authxperts.com/apostille_fees_forms.html.

Cardholder's Name

Credit Card Type

Credit Card Number Expiry Date (MM/YY) Amount (USD)

Security Code (3 digits from the back of card/ AmEx: 4 digits from front)

Billing address

By signing below, I , agree to Authxperts' terms and conditions, as published on www.authxperts.com, for the processing of my documents and authorize Authxperts to charge me USD for services rendered (an additional 4% Convenience fee will apply for Credit card and Paypal payments).

Customer Signature:

Date:

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