

Reference: _____



APOSTILLE REQUEST/AGREEMENT

Fee: 1st Apostille \$180, and 2nd, 3rd, etc \$90 each

Please mail to: Sergio Musetti, 4005 Manzanita Ave, #6-155 Carmichael, CA 95608 Tel (707)992-5551

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: _____ Telephone # _____
 - 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 by SERGIO MUNETTI 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). SERGIO MUNETTI's liability for any and all documents damaged or lost in transit is limited to \$100/document and SERGIO MUNETTI is not liable for documents lost, misplaced or improperly routed by any consular embassy or U.S. local, state or federal government agency. The fastest way of payment is with credit card by phone or Paypal(spanishvoice@yahoo.com)

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: _____