

**Instructions:** please complete and fax this form with the documents to be translated to 509-479-8935.  
Estimates are delivered within 24 hours. If you have questions please contact us at 310-792-3636.

**CLIENT INFORMATION:** Today's Date \_\_\_\_\_  Please send a quote before proceeding

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**BILLING INFORMATION:**

Billing Reference Number (if required): \_\_\_\_\_

**Company / Division to be billed:** \_\_\_\_\_

Billing Address \_\_\_\_\_

**Bill My Credit Card:**

Name as it appears on Credit Card \_\_\_\_\_

Credit Card Type  VISA  MasterCard  American Express

Credit Card Number \_\_\_\_\_ Expiration Date (xx/xx) \_\_\_\_\_ / \_\_\_\_\_

**Document Information:**

| Document Title: | # of Pages: | Current Language: | Target Language: | Translation Level Requested:  |
|-----------------|-------------|-------------------|------------------|---|
|                 |             |                   |                  | <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified<br><input type="checkbox"/> Certified with statement <input type="checkbox"/> notarized |
|                 |             |                   |                  | <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified<br><input type="checkbox"/> Certified with statement <input type="checkbox"/> notarized |
|                 |             |                   |                  | <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified<br><input type="checkbox"/> Certified with statement <input type="checkbox"/> notarized |
|                 |             |                   |                  | <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified<br><input type="checkbox"/> Certified with statement <input type="checkbox"/> notarized |
|                 |             |                   |                  | <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified<br><input type="checkbox"/> Certified with statement <input type="checkbox"/> notarized |

Special Instructions (including formatting, file output, etc.): \_\_\_\_\_

Delivery Options:  Email  Fax  Mail

Requested Completion Date: \_\_\_\_\_

Authorization Information: By signing below you acknowledge you have read and agreed to the Terms and Conditions for The Translation Station.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_