

# South Florida Apostille Services

## Translation Service Order Form

1-800-208-2128

info@southfloridaapostilleservices.com

**\*\*Processing time: 2-5 business days, excludes weekends and holidays. \*\***

**Cost: \$70 per page or \$.28-.32/word (no prorations).**

**See \*Note below for more information. Prices subject to change**

**Please translate my document(s):**

<b>From</b> <i>(Language)</i>	<b>To:</b> <i>(Language)</i>

- ☐ Do you need a Notarized Translation? (additional \$37 per document)
- ☐ Do you need an apostille for your translated document?
- ☐ If Spanish, do you require Castilian (formal Spanish)?
- ☐ Do you need a Spanish translation by a Spanish Sworn Translator? (Additional charges may apply)?

**\*Note:**

- All Translations are Certified Translations.
- Documents will be submitted for translation after being Apostilled/Authenticated.
- The translation itself is not Authenticated unless you are requesting certified translations.
- Document requirements:
  - One-sided
  - Clear: no smudges, cutoffs, fuzzy wording, blackouts, black lines, cross-outs, debris, etc.
  - Must be on standard Letter or Legal sized paper.
- Formatting is included.
- Each document is counted individually and charged separately.
- Translations are non-refundable. In the unlikely event errors are found, they will be corrected.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

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We will review your request and contact you with the final price and next steps. Thank you for your business.

South Florida Apostille Services

**South Florida Apostille Services**  
**Translation Service Order Form**  
**Credit Card Authorization**

Please complete all fields. Please write clearly.  
Your credit card will not be charged until the final cost is provided.  
You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
<input type="checkbox"/> Other Credit Card, type name here:	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	
CVV:	
Cardholder ZIP Code (from credit card billing address):	

I, \_\_\_\_\_ authorize South Florida  
Customer Printed Name

Apostille Services to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_                      \_\_\_\_\_  
Customer Signature                      Date