CONTRACTION REQUEST FORM

| | | Date: | |
|--|----------------------|---|-----------|
| | | Invoice #: | |
| | | Customer ID: | |
| CONTACT DETAILS | | SHIPPING DETAILS: | |
| Name: | | Name: | |
| Company Name: | | Company Name: | |
| Street Address: | | Street Address: | |
| City, ST ZIP Code: | | City, ST ZIP Code: | |
| Phone: | | Phone: | |
| E-mail: | | E-mail: | |
| | Doe | cument Authentication Service | |
| Quatity of Document | s. | | |
| | | | |
| - | | | |
| NOTE: To meet Emba | assy requirements p | lease include a full copy (including originals) of all documents to be auther | nticated. |
| IMPORTANT: If no c | opies are included, | TDS will make copies on your behalf and add a \$3.00 per document copying the second seco | ng fee |
| to you | ur invoice | | |
| TDS Service Fee (State Department) | | [] \$100.00 1 Document | |
| | | [] \$175.00 2 Documents | |
| | | [] \$225.00 3-15 Documents (16 or more documents please call) | |
| U.S. Dept. of State Fee | | [] \$8.00 Per Document | |
| TDS Service Fee (per Country) | | [] \$100.00 1 Document | |
| | | [] \$175.00 2 Documents | |
| | | [] \$225.00 3-15 Documents | |
| Embassy/Consular Fee(s) | | [] Please call for Quote | |
| FedEx Overnight Shipping Fee International Shipping | | | |
| | | [] \$32.00 (within mainland USA) | |
| | | [] \$41.00 (within AK, HI, PR, US Virgin Island) | |
| | | [] Please call for Quote | |
| | _ | Billing Information | |
| - | | heck \$ (Payable to Travel Document Systems) | |
| [} Credit Card: | Name on Card | Exp. Date: Sec. Code: | |
| | Card Number: | Exp. Date: Sec. Code: | |
| | Billing Address | | |
| | (3.8% finance charge | e will be applied to all credit card charges) | |
| Signature: | | | |
| | | | |

Thank you for your business!