

Dear Traveler,

Thank you for selecting A Briggs to handle your request for document legalization and translation services. The following document legalization and translation kit will ensure that your experience is fast, easy, and secure.

To process your order you will need to:

- Provide the original document that you need legalized or translated
- Complete the form by providing an answer for all fields
- Send your document and completed form to A Briggs for processing

If you have any questions during the document submission process, please call **704-557-9189** to speak with a A Briggs specialist. Please reference your A Briggs account code when you call. We are available between 7:30 a.m. and 8:00 p.m. CST, Monday through Friday.

Processing your documents is an important and time-sensitive process. Make sure that you receive your documents in time for your trip by submitting your legalization or translation order today.

A Briggs provides service to over 1 million international customers every year. We are trusted by three quarters of Fortune 500 companies, so you can rest assured that your documents are in good hands. Thank you for choosing A Briggs's fast, easy, and secure service to fulfill your documents legalization and translation needs. We appreciate your business and look forward to working with you.

Sincerely,

The Customer Care Department



Request for Document Legalization or Translation Form Account Number:

Call us for assistance:

General Information	
Company Name:	Company's A Briggs Account Number:
Name of Person Making Requesting Service:	
Telephone: Fax:	Email:
Date of Request:	ate Documents Must Be Returned:
Document Information	
Requested Service:	
Country Where Documents Will Be Used:	Number of Documents:
Translation Required: Yes No No	Translate From: To:
Documents are: Corporate Personal P	Name of Document Owner:
Special Instructions:	
Document Return Instructions	
Return document(s) to this address via (please choose one): FedEx UPS UPS Courier Call for instructions	
Name:	Company:
Street:	
City:	State: Zip:
This Address is: Residential Business	Telephone:
Saturday Deliveries Only: I authorize delivery without signature.	
Name (Print):	Signature:
Payment Method	
I hereby authorize A Briggs to charge the cost of its services to the following credit card. I agree to pay this charge to my credit card company.	
Please choose one: American Express MasterCa	ard 🖟 Visa 🖟 Check/Money Order 🖟 Direct Bill 🖟
Name on Card:	
Card Number: Expiration	Signature: on (mm/yy): Signature:
Billing reference/Cost Center information (as it must appear on your invoice):	
Send Your Documents To:	