

Dear Traveler,

Thank you for selecting CIBT 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 CIBT for processing

If you have any questions during the document submission process, please call **(800) 929-2428** to speak with a CIBT specialist. Please reference your CIBT 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.**

CIBT 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 CIBT'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

**General Information**

Company Name: \_\_\_\_\_ Company's CIBT Account Number: \_\_\_\_\_  
Name of Person Making Requesting Service: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Date Documents Must Be Returned: \_\_\_\_\_

**Document Information**

Requested Service: \_\_\_\_\_  
Country Where Documents Will Be Used: \_\_\_\_\_ Number of Documents: \_\_\_\_\_  
Translation Required: Yes  No  Translate From: \_\_\_\_\_ To: \_\_\_\_\_  
Documents are: Corporate  Personal  Name of Document Owner: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Document Return Instructions**

Return document(s) to this address via (please choose one): FedEx  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 CIBT to charge the cost of its professional services to the following credit card. I agree to pay the charged amount to my credit card company.**  
Please choose one: American Express  MasterCard  Visa  Check/Money Order  Direct Bill   
Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration (mm/yy): \_\_\_\_\_ Signature: \_\_\_\_\_  
Billing reference/Cost Center information (as it must appear on your invoice): \_\_\_\_\_

**Send Your Documents To:**

Two Greenway Plaza, Suite 200, Houston, TX 77046

800-929-2428