

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



## Request for Document Legalization or Translation Form Account Number:

Call us for assistance:

General Information				
Company Name:		Company's	Company's CIBT Account Number:	
Name of Person Making Requesting Service:				
Telephone:	Fax:		Email:	
Date of Request: Date Docum		nents 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/y	yy): Sig	gnature:	
Billing reference/Cost Center information (as it must appear on your invoice):				
Send Your Documents To:				