



APOSTILLE AND AUTHENTICATION INTAKE ORDER FORM

First Name: _____ Last Name: _____

Company Name (If Any): _____

Email Address: _____ Telephone Number: _____

Street Address: _____

Street Address: _____

City: _____ State: _____

Country: _____ Postal Code: _____

Should We Deliver The Documents To The Address Above? Yes No (Provide Shipping Address)

Shipping Address: _____

Shipping Street Address: _____

Shipping Street Address: _____

Shipping City: _____ Shipping State: _____

Shipping Country: _____ Shipping Postal Code: _____

DOCUMENT INFORMATION:

Description/Title	State of Origin	Country of Destination	Document has been notarized?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My signature authorizes thePNS to obtain Apostilles and Authentications on my behalf. I agree to indemnify and hold thePNS harmless for all liabilities whatsoever including attorney's fees which may ensue here under. thePNS cannot guarantee shipping or delivery dates. thePNS cannot guarantee any Event of Force Majeure. We urge you not to purchase any travel tickets until you receive the Apostille or Authentication.

Signature: _____

Date: _____

thePNS