



Globe Language Services, Inc.  
 Evaluation Service  
 305 Broadway, Ste. 401, New York, NY 10007  
 Tel: (212) 227-1994 Fax: (212) 693-1489  
 E-Mail: globe@globelanguage.com

\*=REQUIRED FIELD

# APPLICATION FOR TRANSLATION

TRANSLATION FROM WHAT LANGUAGE\*:  TRANSLATION INTO WHAT LANGUAGE\*:

COUNTRY:  **\*Have you applied to Globe Language Services, Inc. before?** No Yes When?

PLEASE NOTE: IF YOUR LANGUAGE IS NOT LISTED ABOVE, PLEASE WRITE IT IN.

NAMES: PLEASE PROVIDE THE NAMES APPEARING ON YOUR DOCUMENTS

Mr.  Ms. Last Name\*:  First Name\*:  Middle Name:

Other Names on Documents:

CONTACT INFORMATION: PLEASE PROVIDE YOUR MAILING ADDRESS, CONTACT NUMBER AND E-MAIL ADDRESS

Street Address\*  Apt#/Suite

City\*  State/Province\*  Postal Code\*

Country\*  Phone No.  E-Mail Address:

IF YOU WOULD LIKE FOR YOUR TRANSLATION TO BE MAILED TO ANOTHER PERSON OR AGENCY; PLEASE PROVIDE THE NAME AND MAILING ADDRESS BELOW

Name of Person or Agency

Street Address  Apt#/Suite

City  State/Province  Postal Code

Country  Fax. No.  E-Mail Address:

**MAILING SERVICES**

**Please Note: Original documents will only be returned via Express Mail**

- International (\$15)  Priority (\$15)
- Express (\$40)  International Express (\$70)
- Stamped Envelope Enclosed
- No thanks, hold my documents and I will pick them up.

**SPECIAL REQUEST:**

- Sealed Envelopes (\$5 Each)

**OPTIONAL SERVICES**

**Please Note: These fees are in addition to the translation fee.**

- Regular Service (5 Business Days) *Included with translation fee*
- Rush Service (24-48 Hours) *Additional 25% of translation fee*
- Additional Copies # of copies  \$20 for each additional copy

**PAYMENT MUST BE MADE BY U.S. MONEY ORDER OR CREDIT CARD  
 (NO PERSONAL CHECKS/NO 3RD PARTY CREDIT CARDS ACCEPTED).  
 CREDIT CARD AUTHORIZATION**

**AUTHORIZED AMOUNT\*:** (TOTAL OF YOUR TRANSLATION FEE, MAILING SERVICES AND OPTIONAL SERVICES)

Credit Card\*:  Credit Card Number\*:

CVV2\*:  (3 numbers on back of credit card OR 4 numbers on front of American Express Card) Expiration Date\*:

Billing Address\*:  Apt./Suite

City\*  State/Province\*  Postal Code\*

Cardholder's Name\*:

**Fees are non-refundable.**

Signature  Printed Name  Date

**NOTES:**

*After you review your translation, if you feel any changes are necessary, please advise us in writing immediately. Please provide supporting documentation for all proposed changes. No changes will be made unless they are fully documented. After one month from the date the translation is issued, a fee for any change will be charged.*

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