



***The Visa and Document Company***

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**Document(s) Authentication/Legalization Form\***

\*Please make a copy of this complete form for your records and enclose the original in an envelope along with your documents to be processed and mail to the address above.

- **Company Name:** \_\_\_\_\_
- **Country where documents are to be used:** \_\_\_\_\_  
(Please list all countries if more than one)
- **U.S. State of Residence:** \_\_\_\_\_  
(Or state in which document originated)
- **Number of documents to be processed:** \_\_\_\_\_
- **Indicate if Embassy Consular services are needed:** \_\_\_\_\_
- **US Department of State Authentication needed?** (check one) YES: \_\_\_\_\_ NO: \_\_\_\_\_
- **Date when documents are needed:** \_\_\_\_\_
- **Translation needed?** (check one) YES: \_\_\_\_\_ NO: \_\_\_\_\_
- **Contact Information & Return Address**  
(Please add return address if different from contact information)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- **Billing Information\***  
Name on Card: \_\_\_\_\_ Type of Card \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Billing Zip \_\_\_\_\_ Security Code: \_\_\_\_\_  
\*Credit card information not necessary if your firm has an account with Washington Express Visas.

**Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

\*By signing this form, I grant Washington Express' designee the right, on my behalf, to execute the documents that are necessary and appropriate to secure the desired processing.