



**The Visa and Document Company**

1725 DeSales Street NW #808  
Washington, DC 20036  
Phone: (202) 393-3030 Fax (866) 463-2747  
Web: [www.washingtonexpressvisas.com](http://www.washingtonexpressvisas.com)  
Email: [info@washingtonexpressvisas.com](mailto:info@washingtonexpressvisas.com)

**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.

- **Full Name:** \_\_\_\_\_
- **Company Name or Account # (if applicable):** \_\_\_\_\_
- **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:** \_\_\_\_\_
- **Contact Information & Return Address**  
(Please add return address if different from contact information)  
Name: \_\_\_\_\_ Signature Required: \_\_\_\_\_ Y \_\_\_\_\_ N  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- **If you found us online, what search term did you use? (For marketing purposes only)**  
\_\_\_\_\_

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.

**For payment please complete the Credit Card Authorization Form on page 2**



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**Credit Card Authorization Form\***

\*Please sign and return to Washington Express Visas along with your other request forms and application.

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

CreditCardType: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

CreditCardNumber: \_\_\_\_\_

ExpirationDate: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

I authorize **Washington Express Visas (WEXV)** to charge the above card for charges related to WEXV Service Fees, Embassy and/or Department of State Agency Fees and shipping costs (if applicable)\*. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

\*Be aware that some of the above charges are not known in advance and may not be reflected in the initial quote.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PrintName: \_\_\_\_\_