



1001 Connecticut Ave NW #710
Washington, DC 20036
Phone: (202) 393-3030
Web: www.washingtonexpressvisas.com
Email: 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)
- **Number of documents to be processed:** _____
- **Indicate if Embassy Consular services are needed:** _____
- **US Department of State Authentication needed? (check one) YES:** _____ **NO:** _____
- **Scan and email document(s) upon completion? *additional fees apply 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

Credit Card #: _____

Expiration Date: _____

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: _____

**Visas are granted or denied at the discretion of the consulate, this includes type of visa (single, double or multi entry) & duration. Embassy fees are non-refundable.