

**APOSTILLE ORDER FORM**  
**(SOLICITUD DE APOSTILLA)**

*One request form per state (Un formulario de solicitud por cada estado)*

1. CONTACT INFORMATION (Información de contacto)			Date (Fecha)
Name (Nombre)			
Address (Dirección)			
City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)	
Telephone (Teléfono) ( )		Alternate Phone (Teléfono Alterno) ( )	
E-mail (optional) (Correo electrónico (opcional))			

2. YOUR DOCUMENTS (Sus documentos)			
Document #	Document Title or Description (Título del documento o descripción)	CALIF. APOSTILLE	OTHER U.S. STATE
1		\$176.00	\$215.00
2		\$89.00	\$99.00
3		\$89.00	\$99.00
4		\$89.00	\$99.00
<b>TOTAL</b>		<b>\$</b>	

3. What country are these documents being sent to? (¿A que país enviará usted estos documentos?)	
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**ORIGINAL DOCUMENTS ONLY - PHOTOCOPIES ARE NOT ACCEPTED**  
**SÓLO DOCUMENTOS ORIGINALES - NO SE ACEPTAN FOTOCOPIAS**

<b>PROCESSING TIME</b> (Tiempo de procesamiento)	California issued documents = 2 to 5 business days (Documentos expedidos en California = 2 a 5 días hábiles)
	Documents issued in other U.S. States = up to 14 business days (Documentos expedidos en otros Estados de los EE.UU. = hasta 14 días hábiles)

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA				
<b>SOURCE</b> <input type="checkbox"/> NEW CLIENT <input type="checkbox"/> INTERNET <input type="checkbox"/> REFERRAL  <input type="checkbox"/> RETURN CLIENT	<b>CLERK</b>	<b>DATE RECEIVED</b> (STAMP)	<b>DELIVERED TO GPS</b> <input type="checkbox"/> IN PERSON <input type="checkbox"/> USPS <input type="checkbox"/> COURIER	SOS ST: _____ RQF _____ CK _____ SP DT ____/____/____ <input type="checkbox"/> MXF _____ CK _____ DLV: <input type="checkbox"/> USPM <input type="checkbox"/> FDX <input type="checkbox"/> UPS <input type="checkbox"/> ONX <input type="checkbox"/> GSO SOSTX: <input type="checkbox"/> MTLK \$ _____ / OTH \$ _____ <input type="checkbox"/> MXF _____ / OTH _____ MLG _____ RTN: <input type="checkbox"/> USPM <input type="checkbox"/> FDX <input type="checkbox"/> UPS <input type="checkbox"/> ONX <input type="checkbox"/> GSO DL DT ____/____/____ ACCT _____  <input type="checkbox"/> APOSTILLE # _____ <input type="checkbox"/> CERTIFICATION # _____ EVR <input type="checkbox"/> PX <input type="checkbox"/> DC <input type="checkbox"/> NA <input type="checkbox"/> REJECT _____
<b>EXPECT COMP. DATE</b>	<b>TOTAL FEES</b>  \$ _____	<b>DOC. TOTAL PAGES</b>  _____	<b>DELIVERY TO CLIENT</b> <input type="checkbox"/> USPS <input type="checkbox"/> 1ST CLS <input type="checkbox"/> PRIORITY <input type="checkbox"/> PICKUP <input type="checkbox"/> COURIER _____ <input type="checkbox"/> FEDEX <input type="checkbox"/> UPS <input type="checkbox"/> OTR _____	APOSTILLE ORDER FORM
<b>ACTUAL DELIVERY DATE</b>	DEPOSIT REC'D \$ _____ <input type="checkbox"/> CSH <input type="checkbox"/> CHK <input type="checkbox"/> CC	<input type="checkbox"/> CERT COPY <input type="checkbox"/> ORIGINAL		

## INSTRUCTIONS

### Contact us with any questions.

1. Complete order form (Sections 1, 2, and 3). Only one order form per State.
2. List all documents to be Apostilled. List additional documents on a separate order form.
3. Submit your documents to us at the address listed below. We strongly recommend using a delivery service that offers a tracking number.

**By mail/courier service:** Submit the completed order form, along with the original and/or certified or notarized documents to us. Only send original documents or documents bearing original seal/stamp. Photocopied documents will not be processed and returned to you.

**In person:** Walk-in clients are always welcome during business hours. We will make special arrangements for those clients that are not available during our business hours. Complimentary Notary Public service is provided for documents delivered to us in person, if required.

4. Submit full payment for service. We accept checks, money orders, Visa, MasterCard and Discover Card (use credit authorization form below). Cash is only accepted for orders delivered in person. Orders received without payment or partial payment will be returned by first-class mail unless a prepaid envelope is provided. We are not responsible for lost or mishandled mail.
5. Once processed your documents will be returned by USPS Priority Mail at no additional charge to any U.S. address. Enclose a prepaid label and envelope if you would like them returned by any other service.

## INSTRUCCIONES

### Póngase en contacto con nosotros si usted tiene alguna pregunta.

1. Completar el formulario de solicitud (Secciones 1, 2 y 3). Sólo un formulario por cada Estado.
2. Listar todos los documentos que deben ser apostillados. Listar documentos adicionales en una hoja de pedido separada.
3. Envíe sus documentos a nosotros a la dirección que aparece a continuación. Le recomendamos que utilice un servicio de distribución que ofrece un número de seguimiento.

**Por correo o servicio de mensajero:** Enviar su solicitud completada, junto con el original y/o documentos certificados o autenticados. Sólo envíe documentos originales o documentos que aguantan el sello original. Los documentos fotocopiados no serán procesados y devueltos a usted.

**En persona:** Los clientes sin cita son siempre bienvenidos en horario de oficina. Nosotros haremos arreglos especiales para aquellos clientes que no están disponibles durante las horas regulares de oficina. Servicio de notario público gratuito se proporciona para los documentos entregados a nosotros en persona, si es necesario.

4. Envíe el pago en total. Aceptamos cheques, giros postales, Visa, MasterCard y Discover Card (utilizar el formulario de autorización de crédito abajo). Sólo se acepta dinero en efectivo para los pedidos entregados en persona. Los pedidos recibidos sin pago o pago parcial se devolverán por correo de primera clase a menos que un sobre prepagado se proporciona. No somos responsables por la pérdida o mal manejo de correo.
5. Una vez procesados sus documentos serán devueltos por el correo Priority Mail sin cargo adicional a cualquier dirección en los EE.UU.. Incluya una etiqueta pagada por adelantado y el sobre si le gustara que los documentos sean devuelto por algún otro servicio.

### **Gomez Professional Services, Inc.**

**Business/Mailing Address:**

110 North Riverside Avenue  
Rialto, CA 92376-5922


Business 9:00 AM - 6:00 PM Mon-Fri  
Hours\*: 10:00 AM - 3:00 PM Saturday

**Contact Information:**

Telephone (909) 543-6240 or (951) 258-3038  
Fax (909) 543-6237 or (909) 382-9922  
E-mail info@gomezproservice.com  
filemydocs@gmail.com

Our offices are closed on New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and Christmas Day.

\*Modified hours: 9:00 AM - 5:00 PM Mon-Fri, 10:00 AM - 2:00 PM Saturday. On the day after Thanksgiving, Christmas eve and New Year's eve our office operates on Saturday schedule. Our modified is in effect from the last Saturday in October to the second Saturday in January.

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### **CREDIT CARD AUTHORIZATION** (TYPE OR PRINT LEGIBLY-USE ONLY BLACK OR BLUE INK)

Credit card type:  Visa  MasterCard  Discover

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_ Security code \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

I certify that I am the holder of the above credit card and agree to pay Gomez Professional Services, Inc. using the above referenced credit card account for the Apostille service of the documents I have listed on the APOSTILLE ORDER FORM and according to the card issuer agreement. I understand that any other services to be performed on my behalf shall require a new credit card authorization to process payment. Fees shall be considered fully earned and non-refundable. This agreement is negotiated in Rialto, California.

Authorized Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_