FLORIDA APOSTILLAR
FAST. RELIABLE. DONE RIGHT.

(850) 339-8886
info@floridaapostillar.com
1100 W Vine St, Kissimmee, FL 34741

Start With the Correct Process

Complete the information available to you. Our team will review your request before you send original documents or payment.

1 YOUR CONTACT INFORMATION

FULL NAME *

COMPANY NAME (IF APPLICABLE)

PHONE NUMBER *

EMAIL ADDRESS

PREFERRED CONTACT

MAILING ADDRESS

APT. / SUITE

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

COUNTRY

2 RETURN SHIPPING INFORMATION

☐ Return address is the same as the mailing address above ☐ Residential ☐ Business

RECIPIENT NAME

RECIPIENT PHONE

RETURN STREET ADDRESS

APT. / SUITE

CITY, STATE / PROVINCE, ZIP / POSTAL CODE

COUNTRY

☐ Request signature upon delivery (additional carrier charges may apply)

3 DOCUMENT AND DESTINATION DETAILS

COUNTRY WHERE DOCUMENT WILL BE USED *

ISSUING STATE OR FEDERAL AGENCY

DOCUMENT TYPE *

NUMBER OF DOCUMENTS

DEADLINE, IF ANY

SERVICE REQUESTED - CHECK ALL THAT APPLY

☐ Apostille ☐ Authentication / legalization ☐ Notary ☐ Certified translation ☐ Not sure

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Processing requirements and timing depend on the issuing authority, destination and government agencies involved.

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4 PROCESSING AND OPTIONAL SERVICES

PROCESSING PREFERENCE

☐ Regular ☐ Priority ☐ Express (when eligible)

OPTIONAL SERVICES - CHECK ALL THAT APPLY

☐ Certified translation ☐ Document retrieval ☐ Courtesy completion scan ☐ International shipping

SPECIAL INSTRUCTIONS OR QUESTIONS

5 PAYMENT PREFERENCE

Select a preferred method. Availability, processing fees and the final amount will be confirmed in your written estimate or invoice.
For your security, never write a card number, expiration date or CVV on this form. A secure payment link or instructions will be provided.

☐ VISA **Credit / Debit Card**

☐ **Zelle**

☐ PayPal **PayPal**

☐ **ACH / BANK** **Bank Transfer**

☐ **CHECK** **Check / Money Order**

☐ **IN OFFICE** **Pay at Kissimmee Office**

ESTIMATE / INVOICE NUMBER (IF PROVIDED)

AUTHORIZED AMOUNT (IF PROVIDED)

6 ACKNOWLEDGMENT AND AUTHORIZATION

☐ I confirm that the information provided on this form is accurate to the best of my knowledge.

☐ I have reviewed and agree to the applicable Terms of Service, Customer Service Agreement and policies.

☐ I consent to service-related calls, emails and text messages. Consent is not a condition of purchase.

PRINTED NAME

SIGNATURE

DATE

7 SUBMISSION CHECKLIST AND NEXT STEPS

☐ Completed form ☐ Original or certified document(s), when instructed ☐ Photo ID copy only if requested

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