



METROTOPIA

ORDER FORM

CLIENT: _____

SHIPPING NAME: _____

ADDRESS: _____

SHIPPING ADDRESS: _____

CITY, STATE, ZIPCODE: _____

SHIPPING CITY, STATE, ZIPCODE: _____

COUNTRY: _____

SHIPPING COUNTRY: _____

PHONE: _____

SHIPPING PHONE: _____

e-mail: _____

PAYMENT: Cashier's check / money order enclosed
 VISA / Mastercard / Eurocard

DATE NEEDED: _____

DATE NEEDED: _____

Exp: / CVC:

Qty.	TYPE OF DOCUMENT	FEE EACH	TOTAL
	APOSTILLE FOR DOCUMENT(S) ISSUED BY (STATE): _____ AND GOING TO (COUNTRY): _____	\$85	\$
	STATE SURCHARGES (EACH DOCUMENT)	\$	\$
	VITAL RECORDS ISSUANCE (CALL)	\$	\$
	RETURN <input type="checkbox"/> Pick up from office (Free) <input type="checkbox"/> Courier to client (CALL) <input type="checkbox"/> Ship to destination (CALL)	\$	\$
ORDER TOTAL			

I AGREE TO THE TERMS AND CONDITIONS OF METROTOPIA AND UNDERSTAND AND AGREE THAT NO SERVICE IS GUARANTEED AS TIME TO COMPLETE AND THAT VARIOUS GOVERNMENTS MAY IMPOSE ADDITIONAL REQUIREMENTS FOR ISSUANCE OF DOCUMENTS / CERTIFICATES AT ANY TIME AND IT IS MY RESPONSIBILITY TO SATISFY THESE REQUIREMENTS BEFORE THE JOB CAN BE COMPLETED.

SIGNATURE: _____

SEND ALL THE ORIGINAL DOCUMENTS, ALONG WITH PAYMENT OR CREDIT CARD INFO VIA COURIER TO METROTOPIA AT THE ADDRESS BELOW. STATES DO NOT CERTIFY PHOTOCOPIES!