Application for Translation

The Translation Department offers translations from and into all major languages, in fields such as computer science accounting, law, education, medicine, administration, management, advertising, science and technology, etc. JS&A is a Corporate Member of the American Translators Association.

Our Services: - Please be sure to read the complete information on our website at www.jsilny.org.

• Certified and notarized translations from and into all major languages
• Extra copies of previous translations (available for up to 3 years after the date of issue)

We offer regular (5 business days), rush (3 business days) and 24-hour services for most translations.

Just e-mail, fax, mail, or bring to our office the documents you would like translated. We will provide a free quote within 24 hours of receiving the documents.

Forms of Payment:
Bank check or money order payable to Josef Silny and Associates, Inc. or Visa/MasterCard. If you are paying by credit card, you must fill out our Credit Card Information form below. (We cannot accept postal money orders or payments through Western Union).

Please note that all payments are non-refundable.

We Guarantee:
• The highest quality translations
• Competitive prices
• Fast turnaround
• Personalized service
• Absolute confidentiality

Mailing:
Upon completion of the work, JS&A will send your certified translation by First Class mail. We also offer the following options for faster delivery and special handling:

Within the United States: - By Certified Mail: US$ 15.00 per package
                                     - By Courier: US$ 40.00 per package
Outside of the United States: - By International Courier: US$ 80.00 per package

Special Handling: Translation mailed to you in specially sealed JS&A envelope:$5.00

(JS&A is not responsible for loss or damage of academic credentials during shipment.)
PERSONAL INFORMATION (Please print)

Social Security Number: ____  ____  ____  -  ____  ____  -  ____  ____  ____  ____

Full Name: ________________________________________________________________
Family (Last), First, Middle (Maiden)

Gender: Male    Female ______
Date of birth: mm/dd/yy    Country of birth

Mailing Address:
Number & Street _______ City, State, Zip Code ______ Country (if not the U.S.)

Telephone (area code & number): ________________________________

Fax (area code & number): ________________________________

E-mail: ________________________________

Who referred you/recommended our services? ________________________________
Language: from ________________________________ to ________________________________

Number of pages: ________

PROFESSIONAL SERVICES REQUESTED:
(NOTE: Translations are kept for a guaranteed period of only three years.)

♦ 5-day translation service  $___________
♦ 3-day translation service  $___________
♦ 24-hour translation service  $___________

♦ Additional sets of translations:
  $20.00 per set at the time translation service is initially requested. Quantity: ________  $___________
  $30.00 per set up to 1 year from the translation service completion date. Quantity: ________  $___________
  $50.00 per set after 1 year from the translation service completion date. Quantity: ________  $___________

♦ Add $5.00 per set if you would like your translation mailed in a specially sealed JS&A envelope.  $___________

♦ Secure mailing (other than U.S. First-Class Mail) (Specify:) ________________________________  $___________

♦ If you would like to pick up your translation in person: $15  $___________

TOTAL: $___________

Application continues >>>>>>>>>
Your translation will be sent to the address listed on the FRONT of this application form.

Translations are sent by U.S. First-Class Mail. If you would like your translation sent by a secure mailing service, please choose from the following options:

Within the United States:  - By certified mail: $15.00 per address  
                         - By FedEx: $40.00 per address  
Outside the United States: - By International FedEx: $80.00 per address

If requesting ADDITIONAL sets of translations, print below the FULL name and mailing address of the individual/institution to which the ADDITIONAL sets of translation(s) are to be sent.

1. _______________________________________________________________________

2. _______________________________________________________________________

Make bank check or money order payable to Josef Silny & Associates, Inc. If paying by credit card, please fill out the Credit Card Information form. All fees are NON-REFUNDABLE.

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I certify that I have read this application in its entirety (including that all fees are non-refundable) and agree to the terms stated herein. I release Josef Silny & Associates, Inc. from any liability for damages resulting from the use to which I or any agency or institution puts the translation. Any litigation arising out of this agreement will have its venue in Miami-Dade County, Florida. The prevailing party in any litigation arising out of this agreement is entitled to reasonable attorney's fees and all costs accrued during the litigation.

X
Signature of the applicant

Date

(If paying with credit/debit card (next page) >>>>>>>>
CREDIT CARD INFORMATION

You must include the credit card holder’s copies of the front and back of the credit card and U.S. Driver’s License OR Foreign Passport.

<table>
<thead>
<tr>
<th>Name of Cardholder:</th>
<th>As it appears on the credit card</th>
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E-mail address: _____________________________________________  Phone No.:  (______) ____________________________

area code   phone

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<th>Name of Applicant:</th>
<th>If different from the cardholder</th>
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Billing Address: ____________________________________________

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City     State     Zip/Postal code     Country

I authorize Josef Silny & Associates, Inc. to charge my (check one):

☐ VISA    ☐ MASTER CARD    ☐ DISCOVER

in the total amount of $ ____________________________ (total amount must be filled in order to process your order).

CREDIT CARD NUMBER: ____________________________

3-digit security code on back of card: ____________________________

Expiration Date (month/year): ____________________________ /

Signature of Cardholder (Required): ____________________________

Date: ____________________________

This signature authorizes Josef Silny & Associates, Inc. (JS&A) to charge the amount for the requested services in U.S. dollars and the cardholder agrees to be bound by all Terms and Conditions (including that all fees are non-refundable) as stated in the JS&A application.