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 or type)

If you have a U.S. Social Security Number, please list it:
Social Security Number:_____________________________________________________

Sex:  Male___ Female ____  Date of birth: mm/dd/yy  Country of birth

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

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 _____________________________

Please list the documents that you wish to have translated:_____________________

Number of pages:___________

Professional Services Requested:

- 5 day translation service       US $________
- 3 day translation service       US $________
- 24 hour translation service    US $________
- Additional copies ($20.00 per copy at the
time translation service is initially requested) US $________
- Additional copies ($30.00 per copy after the
translation service has been completed up to 1 year) US $________
- Additional copies ($50.00 per copy after the
translation service has been completed after 1 year) US $________
- Add an additional $5.00 per copy if you would like your
translation to be mailed in a specially sealed JS&A envelope. US $________
- Special mailing (Please specify) ________________ US $________

Please read, sign and date the next page>>>>>>>>>>>>>
We mail extra translations by first class U.S. mail. If you wish to use the secure mailing service, be very specific what
should be included and to whom it should be sent.

_________________________________________________________________________________________________
_________________________________________________________________________________________________

*** Please print below the FULL name and mailing address of the individual(s)/institution(s) to which this translation
needs to be sent. If requesting more than 2 translation sets, please attach a sheet with additional addresses.

_________________________________________  ____________________________________________
_________________________________________  ____________________________________________
_________________________________________  ____________________________________________
_________________________________________  ____________________________________________

All translations will be sent by the United States, first class mail. If you would like for us to send your translation by a
secured mailing service, please choose from the following options:

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

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

Please note that the Translation Department will keep translated documents for one year only. You may request
additional copies of completed translations for up to three years after a translation is completed.
All records are destroyed after that time.

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I certify
that I have read the instructions and conditions (including that all fees are (non-refundable) and agree to the terms stated
therein. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it. 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 evaluation. 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
You must provide a front and back photocopy of your credit card AND a photocopy of your U.S. driver’s license or foreign passport.

Name of Cardholder:
As it appears on the credit card
First       Middle       Last

E-mail address: ___________________________ Phone No.: (_____ ) ________________
area code    phone

Name of Applicant:
If different from the cardholder
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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 in order to process your order).

CREDIT CARD NUMBER: ______________________________________________________

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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.