



ORDER FORM

Please mail this Order Form along with your original documents to:

TGM Global Inc. Apostille
122 E 42nd ST, FL 4
New York, NY 10168
212-484-9074
info@tgmastille.com

Personal Information:

Full Name _____ Company (Optional) _____
Phone Number _____ Email Address _____

Shipping Details *Contact mailing information where you would like us to return the completed documents:

Contact Name _____ Company (Optional) _____
Street Address _____
City, State _____
Zip/Postal Code _____ Country _____
Phone Number _____ Email Address _____

Document Details:

Country/Consulate document(s) will be used in: _____

Type of Document(s): _____

Fees:

	Number of Documents	Fee
Apostille Service	_____	_____
Embassy Legalization	_____	_____
Document retrieval	_____	_____
International Shipping handling & processing	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Total:		_____

Payment Options (please check one):

- Check or Money Order payable to "TGM GLOBAL INC." in US Dollars
- Credit Card / Online Payment (additional fee of %3.3)
- Cash (please do not send cash in the mail)

Signature

Today's Date

Thank you for your business, your trust, and your confidence. It is our pleasure to assist you!



**CREDIT CARD
Authorization Form**

Personal Information:

Full Name _____ Company (Optional) _____
Phone Number _____ Email Address _____

Credit Card Information:

Name (as it appears on the card) _____
Credit Card Number _____
Expiration Date _____
CVV (3 digits on the back) _____
Card Type MasterCard VISA AMEX

Billing Address:

Street Address _____
City, State, Zip Code _____
Country _____
Phone Number _____

I, _____ authorize TGM Global Inc. to charge my credit card given above for the amount of _____ (USD). By signing this form I'm giving TGM Global Inc. permission for a single transaction only.

Signature

Today's Date

Thank you for your business, your trust, and your confidence. It is our pleasure to assist you!