

Company Contact Information IS_sA

Website Link



Mail applications to: 7101 SW 102 Avenue Miami, FL 33173

OR EMAIL TO: payment@jsilny.org

Josef Silny & Associates, Inc. International Education Consultants

Tel.: (305) 273-1616 Fax. (305) 273-1338/Translation Fax: (305) 273-1984 E-Mail: info@jsilny.org Web Site: www.jsilny.org

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 <u>up to 3 years</u> after the date of issue)

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

Original documents not required for translation service and can be done from scans or photocopies.

Just e-mail, fax, mail, or bring to our office the documents you would like to translate. Translation quote requests received before 2 P.M. on business days will be responded to the same day. For those received after 2 P.M., we will attempt to respond to them that same afternoon or early the next business day at the latest.

Forms of Payment:

Bank check or money order payable to Josef Silny and Associates, Inc. or Debit/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 or Zelle)

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 for an additional mailing fee: We offer the following options:

Mailing fees (per address) – First Class Mail or electronic mail – U.S. \$10, Priority Mail U.S. \$25, Domestic Courier U.S. \$50, International Courier U.S. \$90

Those in extended delivery areas will be billed for the balance of the fee. Special Handling: Translation mailed to you in a specially sealed JS&A envelope: U.S. \$5 (JS&A is not responsible for loss or damage of academic credentials during shipment.)



Josef Silny & Associates, Inc. TRANSLATION SERVICE APPLICATION

PERSONAL INFORMATION (Please print or type)

Telephone (area code & number):	Last name		Given name	Mide	dle name	Maiden name
Mailing Address: Full Street Address Apt. (if applicable) City State Zip code Country (if not the Unit of birth) Telephone (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 Country (if not the Unit of th	Gender: Male Female					
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Application continues >>>>>>>



Your translation will be sent to the address listed on the \underline{FRONT} (second page) of this application form.

Within the continental United States: Outside of the Continental United States If the fee paid by the applicant does not on the Continental United States Those in extended delivery areas will be JS&A accepts no liability for loss or dans	cover the cost of the co	(no tracking S. \$25 (per O) (per addre purier: U.S. \$ purier, we moof the fee.	g): \$10 (per address) address) ess) 690 (per address) nay use USPS Priority Mail Express instead.
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X			
Signature of the applicant		Γ	Date
		(If	paying with credit/debit card (next page) >>>>>>>



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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.

Name of Cardholder: As it appears on the credit card			
This is appears on the creat care	First	Middle	Last
E-mail address:		Phone No.:	
E-mail address:		Area code and	number
Name of Applicant: If different from the cardholder			
	First	Middle	Last
Billing Address: Street address			
Street address			Apartment number (if applicable)
City	State	Zip code	Country (if not U.S.)
I authorize Josef Silny & Ass	ociates, Inc. to charge m	y (check one):	
□ VISA □ MASTER CARD	D □ DISCOVER		
in the TOTAL amount of U.S. \$	<u>← (TOTAL</u>	<mark>amount of your order mus</mark> t	t be filled in to process your pa
CREDIT CARD NUMBER:			
3-digit security code on back of card	:		
Expiration Date (month/year):		P	
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 <u>non-refundable</u>) as stated in the JS&A application.