

	Document Authentica	ation Request Form
Document type:	PersonalLegal	Corporate
Number of documents:		
Document type to be or (i.e., Good Standing, Cer	dered: tificate of Incorporation, etc.	)
Document state of origin	n or incorporation:	
For use in what country	(countries):	
_	Billing & Contac	ct Information
Name:		
Company name:		
Street address:		
City:	State:	Zip code:
Phone number:	Ema	il:
	Return Shipp	ing Method
- Pre-Paid Airbill Included		- FedEx Acct # (Only for this transaction)
- FedEx Priority Overnight (\$55)		FedEx 2-Day Delivery (\$45)
FedEx (ove	rseas) - Contact our office	for pricing.
USPS Expre	ess Mail (\$40)	USPS Priority Mail (\$20)
Retu	rn Shipping Address (If diff	erent from the address above):
Shar	oLink Services: 430 M ST S	W #N106, Washington DC 20024

Office-202-450-3059 Email: info@sharplinkservices.com