

Document Authentication Request Form	
Document type:Personal	LegalCorporate
Number of documents:	
Document type to be ordered:	
(i.e., Good Standing, Certificate of Incorpora	ation, etc)
Document state of origin or incorporation:_	
For use in what country (countries)(Cannot	be the U.S.):
Billing 8	& Contact Information
Name:	
Company name:	
Street address:	
City: State:	Zip code:
Phone number:	Email:
Retur	rn Shipping Method
FedEx Priority Overnight	FedEx Overseas
(For the above, please cal	ll our office for pricing)
Pre-paid Airbill included	FedEx Acct # (For this transaction only)
FedEx 2-Day Delivery (\$45)	USPS Express Mail (\$45)
USPS Priority Mail (\$20)	
Return Shipping Address ((If different from the address above):
Slove to	aluda a lacal phono number for averses
	O M ST SW #N106, Washington DC 20024

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