



Language Line® Document Translation Service Order Form

INSTRUCTIONS: Complete and fax this form with the document to be translated to 1 800 648-0170. On the next business day you will receive a confirmation with the scheduled delivery time for your translation and a price quote if requested. If you do not receive a confirmation within 24 hours, please call us at 1 888 763-3364 or email to Translation@languageline.com. Charges will appear on your Language Line Services bill the following month if you are a customer. If you are not a customer, your charges will appear on your next credit card invoice. The Document Translation Service Customer Charges – Attachment A and Terms and Conditions apply. Please call 1 888 763-3364 with any questions, Monday – Friday, 8 a.m. to 5 p.m. (Pacific Time).

MANDATORY CLIENT INFORMATION: Today's Date: Send quote before proceeding

Organization/Company/ Name:

Contact Name:

Phone Number: ()

Fax Number: ()

E-mail Address:

BILL MY ACCOUNT: Client ID Number (six digits):

Direct Bill Number:

Personal Code (or your name)/Access Code:

OR BILL MY CREDIT CARD: Name as it appears on the credit card:

Credit Card Number:

Expiration Date (month):

(year):

Credit Card (check one): American Express

Discover

MasterCard

Visa

DOCUMENT NAME/TITLE	NO. OF PAGES	FILE NAME	CURRENT LANGUAGE	TARGET LANGUAGE	COUNTRY OF ORIGIN OF NON-ENGLISH TEXT	DUE DATE*

*Standard turn around time is two business days but varies depending on length of document, language involved, layout, etc. We will contact you if your requested due date will incur a rush charge. Please note either the current or target language must be English.

Special instructions (formatting, file output, etc.):

DELIVERY OPTIONS: Please select your preference: **Document requires SECURE EMAIL DELIVERY**

E-Mail address:

Fax number: ()

Mailing address:

Other, please specify:

AUTHORIZATION INFORMATION: By signing below you acknowledge you have read and agreed to the Terms and Conditions for Language Line® Document Translation Service.

Customer Signature:

Print Name:

Date:

LANGUAGE LINE SERVICES APPROVAL AUTHORIZATION:

Internal Signature:

Print Name:

Date:

FOR OFFICE USE ONLY - REF No:

