

International Languages Service, Inc.

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www.ilsjax.com



Application for Translation Services

Date: _____

Number of faxed pages including this one: _____

I. CLIENT INFORMATION

Male Female

Name: _____

Language of the document/s: _____

Contact Person (Print): _____

Contact Person (Signature): _____

Phone number: _____

Mailing Address: _____

Billing Address : _____

Same as mailing

II. SERVICE

Please Check One:

Please fax / email completed document

Fax: _____

Email: _____

Please mail completed document
to mailing address.

Language

Spanish	French
Italian	German
Portuguese	Hindi
Japanese	Russian
English	Arabic
Bosnian	Chinese

Please choose service timeframe:

Regular Service : 5 to 10 Business Days

Rush Service : 3 to 5 Business Days

24-Hour Service : 1 Business Day

Same Day Service

If document is more than 250 words, we will
quote you by word.

Please call with estimate before proceeding

Please email the application and document to ils@ilsjax.com or you may fax them to 904-565-1219. Make sure copies are legible.