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Application for Translation

Translation Fees: \$100 for the 1st Page and \$50 for each Subsequent Page.

- 1) Name: (Last): Mr. () Mrs. ()
First Name: Middle Name:
- 2) Name of the Document to be Translated:
- 3) Your Postal Address: City:
State: Country: Zip:
- 4) Documents are in which Language:
To be Translated to which Language:
- 5) Telephone: Email:

- *I certify that I have read and accepted all the conditions for this translation*
- *I certify that all the information provided in this application is accurate.*
- *I understand that the translation reports prepared by Hopeland International, LLC are not binding on any organization. Hopeland is not liable if the translation done by us is not recommended. I also agree that, Hopeland Int'l, LLC will not be responsible for any incidental or consequential damages, which may occur in the process..*

Signature: Date: Name:

Send this application with copies of the document(s) to be translated to this address:

HOPELAND INTERNATIONAL, LLC
3140 Cambrian Terrace, Austell GA 30106

Send a Certified Bank Check or Money Order payable to HOPELAND INTERNATIONAL, LLC