



Company Contact
Information



Website Link

Josef Silny & Associates, Inc.
International Education Consultants

Address:
7101 SW 102 Avenue
Miami, FL 33173

Tel. (305) 273-1616
Fax. (305) 273-1338/Translation Fax: (305) 273-1984
E-Mail: info@jsilny.org
Web Site: www.jsilny.org

Application for Translation

The Translation Department offers translations from and into all major languages, in fields such as computer science accounting, law, education, medicine, administration, management, advertising, science and technology, etc. JS&A is a Corporate Member of the American Translators Association.

Our Services: - Please be sure to read the complete information on our website at www.jsilny.org.

- Certified and notarized translations from and into all major languages
- Extra copies of previous translations (available for up to 3 years after the date of issue)

We offer regular (5 business days), rush (3 business days) and 24-hour services for most translations.

Just e-mail, fax, mail, or bring to our office the documents you would like translated. We will provide a free quote within 24 hours of receiving the documents.

Forms of Payment:

Bank check or money order payable to Josef Silny and Associates, Inc. or Visa/MasterCard. If you are paying by credit card, you must fill out our Credit Card Information form below. (We cannot accept postal money orders or payments through Western Union).

Please note that all payments are non-refundable.

We Guarantee:

- The highest quality translations
- Competitive prices
- Fast turnaround
- Personalized service
- Absolute confidentiality

Mailing:

Upon completion of the work, JS&A will send your certified translation by First Class mail. We also offer the following options for faster delivery and special handling:

Within the United States: - By Certified Mail: US\$ 15.00 per package
 - By Courier: US\$ 40.00 per package

Outside of the United States: - By International Courier: US\$ 80.00 per package

Special Handling: Translation mailed to you in specially sealed JS&A envelope: \$5.00

(JS&A is not responsible for loss or damage of academic credentials during shipment.)



Josef Silny & Associates, Inc.
TRANSLATION SERVICE APPLICATION

PERSONAL INFORMATION (Please print)

Social Security Number: _____ - _____ - _____

Full Name: _____
Family (Last), First, Middle (Maiden)

Gender: Male _____ Female _____
Date of birth: mm/dd/yy _____ *Country of birth* _____

Mailing Address: _____

Number & Street _____ *City, State, Zip Code* _____ *Country (if not the U.S.)* _____

Telephone (area code & number): _____

Fax (area code & number): _____

E-mail: _____

Who referred you/recommended our services? _____

Language: from _____ to _____

Number of pages: _____

PROFESSIONAL SERVICES REQUESTED:

(NOTE: Translations are kept for a guaranteed period of **only** three years.)

- ◆ 5-day translation service \$ _____
 - ◆ 3-day translation service \$ _____
 - ◆ 24-hour translation service \$ _____
 - ◆ Additional sets of translations:
 - \$20.00 per set at the time translation service is initially requested. Quantity: _____ \$ _____
 - \$30.00 per set **up to 1 year** from the translation service completion date. Quantity: _____ \$ _____
 - \$50.00 per set **after 1 year** from the translation service completion date. Quantity: _____ \$ _____
 - ◆ Add \$5.00 per set if you would like your translation mailed in a specially sealed JS&A envelope. \$ _____
 - ◆ Secure mailing (other than U.S. First-Class Mail) (Specify:) _____ \$ _____
 - ◆ If you would like to pick up your translation in person: \$15 \$ _____
- TOTAL:** \$ _____

Application continues >>>>>>>>



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CREDIT CARD INFORMATION

You must include the credit card holder's copies of the front and back of the credit card and U.S. Driver's License OR Foreign Passport.

Name of Cardholder:

As it appears on the credit card _____
First Middle Last

E-mail address: _____ Phone No.: ____ (____) _____
area code phone

Name of Applicant:

If different from the cardholder _____
First Middle Last

Billing Address:

Number _____
Number Street Apt #

City State Zip/Postal code Country

I authorize Josef Silny & Associates, Inc. to charge my (check one):

VISA MASTER CARD DISCOVER

in the **total** amount of \$ _____ **(total amount must be filled in order to process your order).**

CREDIT CARD NUMBER: _____

3-digit security code on back of card: _____

Expiration Date (month/year): _____ / _____

Signature of Cardholder (Required): _____

Date: _____

This signature authorizes Josef Silny & Associates, Inc. (JS&A) to charge the amount for the requested services in U.S. dollars and the cardholder agrees to be bound by all Terms and Conditions (including that all fees are **(non-refundable)** as stated in the JS&A application.