TRANSLATION SERVICE AGREEMENT & INVOICE

Invoice #: _____
Date: _____

Service Provider:
[Agency/Translator Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]
Client / Requestor:
[Client Name/Organization]
[Address Line 1]
[City, State, Zip]
[Tax ID/Reference]

Description of Documents	Language Pair	Qty (Words/Pages)	Rate	Amount
[Document Title/Type]	[Source] to [Target]			
Certification & Notarization Fee	-	1		
Expedited Processing	-	-		

Subtotal: $_____
Tax: $_____
Total Balance Due: $_____

Certification of Accuracy: *The service provider hereby certifies that the translations of the documents listed above are true, complete, and accurate renderings of the source material to the best of their professional knowledge and ability.*

Service Provider Signature

Client Acceptance Signature

Terms: Payment is due within [XX] days. Late fees may apply. Documents will be released upon receipt of [Deposit/Full Payment].