

# Translation Request & Billing Information Form

Thank you for your interest in Language Partners. We appreciate your business and look forward to a lasting professional relationship. Please complete the following information about your translations request and return to Language Partners for processing.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Notarized Translator's Statement?     Yes     No                      Number of copies? \_\_\_\_\_

How would you like your final translation delivered?

Mail                                       E-mail (not possible for Notarized Statements)

I will pick it up when done.

Job Specifics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Billing Address (if different from above):

Agency/Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_



80 Sherman Street, Portland ME 04101, Phone: (207) 523-2700 or toll-free: 1-866-200-3963, Fax: (207) 774-7166

**CCME Language Partners: Maine's leader in interpreting & translation services**

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FOR OFFICE USE: Quoted Amount: \$ \_\_\_\_\_ Accepted?  Yes  No                      Down payment: \$ \_\_\_\_\_