

Services Request - Client Registration

Date

Client Information

Contact person

Business name

Street address

Street address line 2

City

State

Zip code

E-mail address

Phone

Billing Address

Same as above

Contact person

Business name

Street address

Street address line 2

City

State

Zip code

Request Information

Language From

Language To

Services Needed

- | | |
|----------------------------|------------------------------|
| Translation | Language Tutoring |
| Translation & Proofreading | Transcription |
| Localization | Desktop Publishing |
| Interpretation | Editing |
| Language Recording | Other (Please specify below) |

I need the following services:



Date Needed

Is this a Rush or Emergency job?

- Yes
- No
- Not Sure



Additional Information

Do you need printed copies of your translation mailed to you?

- Yes
- No

Do you need Certified Translation?

- Yes
- No

Additional Comments/Languages

Please return the filled form to info@ktl-communications.com