



Document Translation Quote Request

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Order # P - _____
Date rec'd _____
Checked in by _____
Date due _____

Required information

First Name _____
 Last Name _____
 Phone (area code & number) (_____) _____
 E-mail _____
 Language : from _____ to _____
 Type of Document

Research Paper Monograph PhD Thesis

Physician manuals Patient reports Other

Format of your document

Word files e-mailed PDF files e-mailed

Deadline (MM/DD/YY) _____ Word
Count _____

Type of Translation

Base Premium

Send Invoice to:

First Name _____
 Last Name _____
 E-mail _____
 City _____ State _____ Zip _____
 Author Affiliations _____

Payment Method

for first installment

Check/Money Order Visa MasterCard

Card# _____ - _____ - _____ - _____

Expires ____/____ 3-digit security # _____

Cardholder Signature _____

Print Name _____

Cardholder's billing address and zip _____

Special Instructions

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Signature Required