

11. How did you hear about FTES Translation Service?

- Employer personnel officer. Name of company and officer: \_\_\_\_\_
- Government agency. Name of agency: \_\_\_\_\_
- Attorney. Name of attorney and city: \_\_\_\_\_
- Newspaper advertisement. Name of paper: \_\_\_\_\_
- Educational institution. Name of school and advisor: \_\_\_\_\_
- Friend or relative who knew about our services.
- Yellow Pages directory
- Internet
- NCTA list
- Advertisement received in mail.
- Other: \_\_\_\_\_

12. Please read and sign below to indicate your agreement with the following authorization and waiver of liability:

I agree to release and discharge Foreign Transcript Evaluation Services (FTES) and each of their officers, directors, employees, agents, and other individuals affiliated with FTES from all claims or law suits I have under state or federal law, arising from FTES performance or non-performance related to the translation of my documents. I also waive all rights I may have under Section 1542 of the California Civil Code, which relates to claims that are unknown to creditors at the time of signing a general release such as this. I further agree that FTES is not responsible for any documents or translations of documents during the time said documents are in the hands of the U. S. Postal Service or any other delivery service.

If a problem arises during the evaluation process, FTES reserves the right to cancel the evaluation and may charge an administrative fee not to exceed the standard cancellation fee.

Should suit be filed by me, or by my current or future agent or employee, attempting to enforce a claim or demand so release, then this Agreement may be used by the party against whom any such suit has been brought.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mon. Day Year

13. To pay by credit card, give the following information in the space below: Credit card owner, type of card, account number, expiration date, and authorized amount.

Total Amount Charged: \_\_\_\_\_

Type of Card	Name on Card	Account Number	Expiration Date
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14. Before submitting this application, check that all items have been answered fully. An incomplete application may delay the processing of your translation.