

QUOTE FORM

Client

Atlantis
Translation Services Ltd.



Tel. 041/631 03 40
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Department: _____

Contact: _____

Tel.: _____

Fax: _____

Ref: _____

ATLANTIS

Translation Services Ltd.
Landweg 1

CH-6052 Hergiswil

Date: _____

Deadline:	Source language:	Target language(s):	Source text:	Delivery by:
	<input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/> _____	<input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/> _____	<input type="checkbox"/> Manuscript <input type="checkbox"/> As attached <input type="checkbox"/> Photocopy <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Modem <input type="checkbox"/> e-mail <input type="checkbox"/> Diskette <input type="checkbox"/> Fax <input type="checkbox"/> Post <input type="checkbox"/> _____
No of pages: _____				
Subject area(s): _____				
_____ pages of background material		<input type="checkbox"/> for our files		<input type="checkbox"/> please return

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Instructions:

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Additional services:

Authentication
 Glossary
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Preparation for printing
 File conversion, target format: _____

Please send us more order forms Signed: _____

Our general terms and conditions apply to all translation and interpreting services.

ATLANTIS should like to thank you for your order and looks forward to working with you again in the future!