



www.deaf-interpreter.com

Mailing Address:
2810 Thousand Oaks, Suite #118
San Antonio, TX. 78232

Office: (210) 545-2946 / 24 Hrs.

Fax: (210) 490-1006

VP/IP: 12.193.126.194

Interpreter Request Form

** Please fill out and fax back to (210) 490-1006 as soon as possible **

Today's date: _____

Date of Appointment: _____

Time of Appointment: _____

Deaf Person's Name: _____

Type of Appointment/Meeting: _____

Location/Address of Appointment: _____

Length of Appt: _____ Contact person (Name & #): _____

Name & Ph # of Person Making Request: _____

(We may contact this person to confirm interpreter & information regarding appointment)

Business Mailing Address:

SCHEDULED CONFIRMATION

Confirmed by (Name): _____

Date: _____ Time: _____

Billing Information:

[] Fax # _____ [] Email _____ [] Mail (see above)

[] Credit Card (3% additional handling fee)

_____ MasterCard _____ Visa _____ American Express

Name on card: _____

Card Number: _____ Exp. date: _____

Cardholders address: _____

Signature of cardholder: _____

* Requests received with less than 24 hour notice will be billed at Time-and-a-half*

Less than 24 hour cancellation will be billed in its entirety

Legal assignments require 48 hour notice for scheduling & cancellations

Short notice cancellations & Client "NO-Shows" will be billed for in their entirety

24 hr. cancellation notice is required per day for assignments lasting more than one day (i.e. a two day event requires 48 hr notice, a three day event requires 72 hr notice)

Revised 01/11

* Professional Certified Interpreters * Video Remote Interpreting * Captioning *

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* On-line Store/Equipment Sales * Job Coaching *