



**Billing Address:**  
P O Box 700047  
San Antonio, TX. 78270

**Office: (210) 545-2946 / 24 Hrs – San Antonio, TX**  
**Office: (361) 792-3350 / 24 Hrs – Corpus Christi, TX**  
**Fax: (210) 490-1006**  
**Email: Requests@deaf-interpreter.com**

[www.deaf-interpreter.com](http://www.deaf-interpreter.com)

Facebook.com/DeafInterpreter Twitter@DeafInterpSvc

### ***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 Appt:** \_\_\_\_\_

**Location/Address of Appointment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Length of Appt:** \_\_\_\_\_ **Contact person (Name & #):** \_\_\_\_\_

**Name & Ph # of Person Making Request:** \_\_\_\_\_  
(Confirm interpreter & information regarding appointment) **Email:** \_\_\_\_\_

***Business Mailing Address: (Billing correspondence)***  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULED CONFIRMATION**  
Confirmed by (Name): \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Accounting Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

\*\*\*\*\*

***Billing Information: (check box w/preference)***

**Fax #** \_\_\_\_\_  **Email** \_\_\_\_\_  **Mail (see above)**

**~ OR ~ Pay by Credit Card**

**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 72 hour notice will be billed at Time-and-a-half\**

*\*Less than 48 hour cancellation will be billed in its entirety\**

*\*Legal assignments require 72 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)*

**\* Professional Sign Language & Oral Interpreters \* Video Remote Interpreting \***

**\*Captioning \* Deaf Support Specialists \***