

# Request for Interpreting Services

**To: The Booking Clerk**  
**Medico-Legal Communications Pty. Ltd.**  
 Interpreters & Translators  
 PO Box 69, Carlton South VIC 3053  
**Fax: 03 9348 1102 / Tel: 03 9348 2876**

We wish to confirm / book an Interpreter for the following assignment:  
 For online bookings, refer to our web site or email [bookings@medico-legal.net.au](mailto:bookings@medico-legal.net.au).

<b>From:</b>	<b>Please complete &amp; return by Fax to: 03 9348 1102</b>	<b>OFFICE USE</b>
Company Name:		
Street Address:		
Postal Address:		
Telephone:		
Facsimile:		
Document Exchange:		

We wish to confirm / book an interpreter as follows:

<b>Required On:</b>	<b>Day:</b>	<b>Date:</b>	<b>Time:</b>
<b>Language / Dialect:</b>	Please refer to the language guide on our web site for assistance		
<b>Client's Name:</b>	(Matter / Case / etc.) -v- / e/b		
<b>Claim Number / or Job Reference:</b>	(To be shown on Invoice)		
<b>Contact Person:</b>	Medical Professional / Rehab Officer / Legal Practitioner / etc.)		
<b>Job Location:</b>	----- -----		
<b>Please Direct Account To:</b> (Name & Address)->	Please tick if same as above <input type="checkbox"/>	----- -----	
<b>Special Instructions:</b>	----- -----		
<b>Instructed By:</b>	(Please print)	Phone No.:	
<b>Signature:</b>		Date:	

If you require confirmation of your booking, please enter <b>Fax No.:</b>	Fax to: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<u>OFFICE USE</u> Confirmed By: _____ Date: _____

### UNDERTAKING

We hereby acknowledge and undertake to pay your agreed fee for the assignment referred to within thirty (30) days of the date hereof including any applicable cancellation fees