



Arkansas Notary "Discount" Association Co.

"Serving over a million notaries nationwide since 1940"

P.O. Box 447
Little Rock, AR 72203

Call: (800) 366 - 8279
Email: info@notarybonding.com

Fax: (800) 637 - 5992
Website: notarybonding.com

<p style="text-align: center;">STANDARD LOW COST</p> <p style="text-align: center;">NEW OR RENEWAL NOTARY BOND PACKAGE "A"</p> <p style="text-align: center;">\$48.90</p> <p>PACKAGE INCLUDES:</p> <p>Required \$7,500 Notary Public 10 Year Bond</p> <p>\$5,000 Notary Errors & Omissions 10 Year Policy</p> <p>Notary Static Window Decal</p> <p>Official Self-Inking Rect. Stamp Seal (5,000 Impressions)</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: small;"> JOHN SMITH COUNTY NOTARY PUBLIC - ARKANSAS My Commission Expires June 27, 2027 Commission No. 123456789 </div>	<p style="text-align: center;">DELUXE LOW COST</p> <p style="text-align: center;">NEW OR RENEWAL NOTARY BOND PACKAGE "B"</p> <p style="text-align: center;">\$75.90</p> <p>PACKAGE INCLUDES:</p> <p>Required \$7,500 Notary Public 10 Year Bond</p> <p>\$10,000 Notary Errors & Omissions 10 Year Policy</p> <p>Notary Static Window Decal</p> <p>Official Self-Inking Rect. Stamp Seal (5,000 Impressions)</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: small;"> JOHN SMITH COUNTY NOTARY PUBLIC - ARKANSAS My Commission Expires June 27, 2027 Commission No. 123456789 </div>	<p style="text-align: center;">ELITE LOW COST</p> <p style="text-align: center;">NEW OR RENEWAL NOTARY BOND PACKAGE "C"</p> <p style="text-align: center;">\$77.90</p> <p>PACKAGE INCLUDES:</p> <p>Required \$7,500 Notary Public 10 Year Bond</p> <p>\$10,000 Notary Errors & Omissions 10 Year Policy</p> <p>Notary Static Window Decal</p> <p>Official Self-Inking Round Stamp Seal (5,000 Impressions)</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: small;"> JOHN DOE MY COMM. EXPIRES 11-11-2017 NOTARY PUBLIC YOUR COUNTY, ARKANSAS COMM. # 1234567 </div>	<p style="text-align: center;">ADDITIONAL NOTARY</p> <p style="text-align: center;">10 YEAR E & O INSURANCE COVERAGE</p> <p>\$5,000 Notary Errors & Omissions 10 Year Policy: \$62.50</p> <p>\$10,000 Notary Errors & Omissions 10 Year Policy: \$100.00</p> <p>\$25,000 Notary Errors & Omissions 10 Year Policy: \$150.00</p>
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ARKANSAS LOW COST NEW OR RENEWAL NOTARY BOND PACKAGE ORDER FORM:

SELECT YOUR NOTARY BOND PACKAGE:

- Standard Notary Bond Package "A" **\$48.90**
- Deluxe Notary Bond Package "B" **\$75.90**
- Elite Notary Bond Package "C" **\$77.90**

ADDITIONAL NOTARY 10 YEAR E & O COVERAGE:

- \$5,000 Notary 10 Year E & O Policy **\$62.50**
- \$10,000 Notary 10 Year E & O Policy **\$100.00**
- \$25,000 Notary 10 Year E & O Policy **\$150.00**

GRAND TOTAL AMOUNT \$ _____

OPTIONAL OFFICIAL NOTARY PUBLIC JOURNAL:

- Official Notary Public Journal (Soft Cover)
 \$5.00

FORM OF PAYMENT OPTIONS:

Please type or print the check or money order number below:

Payable to: **Arkansas Notary "Discount" Association Co.**

OR

Charge: ___ Visa ___ MasterCard ___ AM/EX ___ Discover

Credit Card Number

Expiration Date

X _____

Signature of Cardholder (Required for Credit Card Purchases)

MANDATORY: You must complete and return both the low cost new or renewal notary bond package order form and the Arkansas notary bond application form to process your notary commission.

REQUIRED ARKANSAS NOTARY BOND APPLICATION FORM

Print Name: _____

(Print name EXACTLY as you wish to be commissioned.)

Residence Address*: _____

*Non-residents of Arkansas must indicate their employer's address and county. P.O. Boxes not accepted.

City, State, Zip Code: _____

County Commissioned In: _____

Shipping Address (If applicable): _____

Shipping Company Name (If applicable), City, State, Zip Code:



New Notary



*Renewal Notary

*Renewal Notaries ONLY Indicate Expiration Date.

Residence Phone: (_____) _____

Business Phone: (_____) _____

Email Address: _____

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and maybe subject to fines and confinement in prison.

I hereby certify that I am a resident of the United States, I am over 18 years of age, I am a legal resident of the State of Arkansas and I have never had a notary public commission revoked.

X: _____

(Signature of Applicant.)