Arkansas Notary "Discount" Association Co. 550 Hulet Drive, Suite 105

Toll Free: 1-800-366-8279 Fax: 1-800-637-5992 Email: info@notarybonding.com Bloomfield Hills, MI 48302 Website: notarybonding.com

Arkansas Notary "Discount" Association Co. Order Form:

Standard

Low Cost New or Renewal Notary Bond Package "A" \$ 38.00

Package Includes:

Required \$ 7,500 Notary Public 10 Year Bond.

\$ 5,000 Notary Errors & Omissions 10 Year Insurance Policy.

Deluxe

Low Cost New or Renewal Notary Bond Package "B"

\$ 54.00

Package Includes:

Required \$ 7,500 Notary Public 10 Year Bond.

\$5,000 Notary Errors & Omissions 10 Year Insurance Policy.

Official Self-Inking Rectangular Stamp Seal (5,000 Impressions).



JOHN SMITH

Elite

Low Cost New or Renewal Notary Bond Package "C"

\$ 65.00

Package Includes:

Required \$ 7,500 Notary Public 10 Year Bond.

\$ 10,000 Notary Errors & Omissions 10 Year Insurance Policy.

Premium

Low Cost New or Renewal Notary Bond Package "D"

\$ 81.00

Package Includes:

Required \$ 7,500 Notary Public 10 Year Bond.

\$ 10,000 Notary Errors & Omissions 10 Year Insurance Policy.

Official Self-Inking Rectangular Stamp Seal (5,000 Impressions).



Select Your Notary Bond Package:

Standard Notary Bond Package "A" \$ 38.00

Deluxe Notary Bond Package "B" \$ 54.00

Elite Notary Bond Package "C" \$ 65.00

Premium Notary Bond Package "D" \$ 81.00

Official Notary Public Recording Journal:

Official Notary Public Journal (Soft Cover - 140 Entries)

\$ 7.00

Official Notary Public Journal (Pink Soft Cover - 284 Entries)

\$ 18.00

Official Notary Public Journal (Hard Cover - 400 Entries) Additional Notary Errors & Omissions 10 Year Insurance Policy:

\$ 5,000 Notary Errors & Omissions 10 Year Policy

\$ 10,000 Notary Errors & Omissions 10 Year Policy

\$ 25,000 Notary Errors & Omissions 10 Year Policy

\$ 25.00

Discover

Credit Card Number: _

\$ 100.00

\$ 150.00

Additional Official Stamp Seal:

\$ 62.50

Self-Inking Rect. Stamp (5,000 Imp.) #205

\$ 18.95

\$ 23.95 Pre-Inked Rect. Stamp (25,000 Imp.) #206

Xstamper Rect. Stamp (50,000 Imp.) #206-1S 429.95

Self-Inking Round Stamp (5,000 Imp.) #205-RSI \$\insup \\$ 20.95

\$ 26.95 Pre-Inked Round Stamp (25,000 Imp.) #206-RPI

Xstamper Round Stamp (50,000 Imp.) #206-RS

□\$ 18.00

Additional Notary Impression Official Seal Embosser:



• Example shown is with an impression seal inker applied for faxing or photocopying.

\$ 22.00 Seal Embosser (Hand Held / Chrome-Plated) #200

\$ 36.00 Seal Embosser (Desk Top / Sold Steel) #197-S

Additional Impression Seal Inkers:

\$ 13.00 Standard Seal Inker (Pocket Style / 2,500 Imp.) #202-B

Deluxe Seal Inker (Pre-Inked / 25,000 Imp.) #202-A

Receive your required \$ 7,500 notary public bond and errors & omissions insurance policy via email within 24 hours of us receiving your order. Note: Other package items (if ordered) will be shipped separately. Excludes weekends and holidays. Thank you.

Express Arkansas Notary Bond Service

□\$ 15.00

Payment Options:

Indicate Check or Money Order Number:

Payable to: Arkansas Notary "Discount" Association Co.

Optional Express Arkansas Notary Bond Service:

Charge Credit Card:

T7 *	N

American Express

Credit Card Expiration Date: ___

Signature of Cardholder (Required for Credit Card Purchases)

Select Shipping Method:

Standard Shipping & Handling:

\$ 5.95

FedEx Shipping options are ONLY for notary stamp(s) and/or notary seal(s). All other products if ordered will be shipped Standard mail. Allow up to 3 business days for your notary stamp(s) and/or notary seal(s) to be personalized and manufactured prior to shipping. Note: Weekends and holidays are not a business day. Delivery time is based on distance to the

FedEx Ground Shipping - 1 to 5 business days:

■\$ 13.95

FedEx 3 Day Shipping - 3 business days: FedEx 2 Day Shipping - 2 business days:

\$ 17.95 \$ 18.95

Order Total:

Grand Total Amount: \$_

Important Notice - Please Read:

• The mandatory Arkansas information form is to be completed on page 2.

PAGE 1 OF 2 - ARKANSAS 04/2017



Mandatory Arkansas Information Form:



Mandatory: You must complete and return both the Arkansas low cost new or renewal notary bond package order form and this Arkansas information form to process your notary commission. Please type or print legibly on the forms. We strongly recommend that you double-check both forms before sending them to us. Thank you.

County Commissioned In: New Notary	Print your name exactly as you wish to be commissioned:			
If a Renewal Notary indicate your commission expiration date: If a Renewal Notary indicate your commission number: Daytime Phone: ()	County Commissioned In:			
If a Renewal Notary indicate your commission expiration date: If a Renewal Notary indicate your commission number: Daytime Phone: ()	New Notary	Renewal Notary		
Daytime Phone: () Business Phone: () Email Address: Please be advised that P.O. boxes are not accepted. Residence Address: Residence State: Residence State: Residence Zip Code: (If applicable) Shipping Address: Shipping State: Shipping State: Shipping State: Shipping Zip Code: * Only Non-Residents of Arkansas complete this section below: * Please be advised that non-residents of the State of Arkansas must indicate their employer's name, employer's full address and employer's county. Please be advised that P.O. boxes are not accepted. * Employer's Name: * Employer's Address: * Employer's City: * Employer's State: * Employer's State: * Employer's Zip Code:	,	•		
Business Phone: ()		If a Renewal Notary indicate your commission number:		
Email Address: Please be advised that P.O. boxes are not accepted. Residence Address: Residence City: Residence State: Residence Zip Code: (If applicable) Shipping Address: Shipping State: Shipping State: Shipping State: Shipping Zip Code: * Only Non-Residents of Arkansas complete this section below: * Please be advised that non-residents of the State of Arkansas must indicate their employer's name, employer's full address and employer's county. Please be advised that P.O. boxes are not accepted. * Employer's Name: * Employer's Address: * Employer's State: * Employer's State: * Employer's Zip Code: * Employer's Zip Code:	Daytime Phone: ()			
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