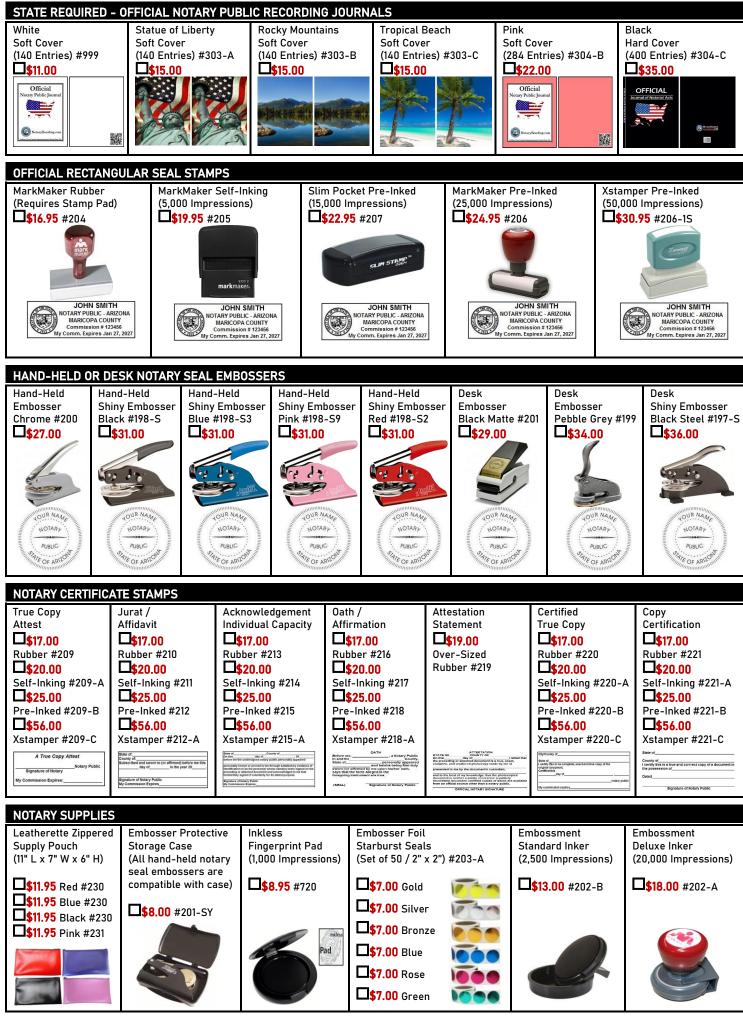
ARIZONA NOTARY "DISCOUNT" ASSOCIATION CO. Corporate Mailing Address: 550 Hulet Drive, Suite 105, Bloomfield Hills, MI 48302

1-800-366-8279 1-800-3-NOTARY Phone: Phone: Fax: Email: 1-800-637-5992 info@notarybonding.com



	New or Renewal	New or Renewal	New or Renewal	New or Renewal	
	Basic Package \$25.00	Standard Package \$63.00	Deluxe Package \$83.00	Elite Package \$103.00	
Arizona 4 Year \$5,000 Notary Bond.	\checkmark	\checkmark	V	\checkmark	
4 Year Toll-Free Hotline Notary Support.	\checkmark	\checkmark		\checkmark	
Official Notary Self-Inking Seal Stamp.		\checkmark		\checkmark	
Arizona 4 Year \$5,000 E&O Insurance.		\checkmark			
Arizona 4 Year \$10,000 E&O Insurance.			\checkmark		
Arizona 4 Year \$20,000 E&0 Insurance.				\checkmark	
SELECT A NEW OR RENEWAL NOTARY BOND PAC	KAGE SELECT A SH	IPPING METHOD		_	
Required					
Required * \$8.00 Standard Ship \$16.00 *FedEx Ground \$20.00 *FedEx 3 Day \$25.00 *FedEx 2 Day \$37.00 *UPS Next Day *Trackable shipping with FedEx or UPS. FedEx and UPS are only for stamps or seal embossers.					
ADDITIONAL NOTARY ERRORS & OMISSIONS 4 YEAR INSURANCE POLICY \$30.00 \$5,000 Notary E&O 4 Year Policy \$45.00 \$10,000 Notary E&O 4 Year Policy					
\$55.00 \$15,000 Notary E&O 4 Year Policy \$65.00 \$25,000 Notary E&O 4 Year Policy					
COMPLETE MANDATORY INFORMATION					
Name As Commissioned: New Notary Renewal Notary Indicate Your Commission Expiration Date (MM/DD/YYYY): Renewal Notary Indicate Your Commission Number:					
Daytime Phone:					
Email Address:					
Note: P.O. Boxes Are Not Accepted:					
Residence Address:					
City: State: Zip Code: Residence County: *If Applicable: *Ship To Address:					
*Ship To City:			*Ship To Zip (Code:	
COMPLETE PAYMENT METHOD VIA CREDIT CARD (DR CHECK				
Pay by Visa, MasterCard, American Express or Discover:		Pay by Check:	Pay by Check:		
CC Number:		Check Payable	Check Payable to: Arizona Notary "Discount" Association Co.		
CC Expiration Date (MM/YY):		Check Number:	Check Number:		
CVV Code:					
Cardholder Name:					
Signature of Cardholder: X					
TOTAL AMOUNT: \$					
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