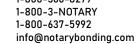


NOTARY SERVICE AND BONDING INSURANCE AGENCY

Corporate Mailing Address: 550 Hulet Drive, Suite 105, Bloomfield Hills, MI 48302

Phone: 1-800-366-8279 1-800-3-NOTARY Phone: 1-800-637-5992 Fax: Email:





SELECT THE NOTARY	New or Renewal	New or Renewal	New or Renewal	New or Renewal	New or Renewal
PACKAGE THAT'S	Basic	Standard	Deluxe	Elite	Superior
RIGHT FOR YOU.	Package	Package	Package	Package	Package
	\$ 50.00	\$89.00	\$104.00	\$144.00	\$294.00
California 4 Year \$15,000 Notary Bond.	V	✓	☑	V	V
Official Self-Inking Rectangular Seal Stamp.		✓	 ✓	✓	V
4 Year Toll-Free Hotline Notary Support.	V	✓	✓	V	✓
California 4 Year \$5,000 E&O Insurance.		V			
California 4 Year \$10,000 E&O Insurance.			V		
California 4 Year \$15,000 E&O Insurance.				V	
California 4 Year \$25,000 E&O Insurance.					V
NEW OR RENEWAL NOTARY BOND PACKAGES	П.		-	7 .	
□\$50.00 Basic Package □\$89.00 Standard Package □\$104.00 Deluxe Package □\$144.00 Elite Package □\$294.00 Superior Package					
SHIPPING (*TRACKABLE) \$8.00 Standard Shipping & Handling \$16.00 *FedEx Ground \$20.00 *FedEx 3 Day \$25.00 *FedEx 2 Day \$37.00 *UPS Next Day					
ADDITIONAL NOTARY E&O 4 YEAR INSURANCE					
\$20.00 \$5,000 Notary E&O 4 Year Insurance \$35.00 \$10,000 Notary E&O 4 Year Insurance					
\$75.00 \$15,000 Notary E&O 4 Year Insurance \$225.00 \$25,000 Notary E&O 4 Year Insurance					
NOTARY INFORMATION					
Name As Commissioned: New Notary Renewal Notary Indicate Your Commission Expiration Date (MM/DD/YYYY): Renewal Notary Indicate Your Commission Number: Penewal Notary Indicate County Commissioned In:					
Renewal Notary Indicate County Commissioned In:					
Daytime Phone: Other Phone:					
Email Address:					
Residence Address - P.O. Boxes Are Not Accepted:					
City: State: Zip Code: Residence County:					
*If Applicable - *Ship To Address:					
*Ship To City:		*	Ship To State:	*Ship To Zip Code:	
PAYMENT OPTIONS			SUMMARY OF TOTALS		
Check/Money Order (payable to: Notary Service and Bonding Insurance Agency) Check Number (on upper right side of check):			NOTARY BOND PACKAGE: \$		
CC Number:			SUPPLIES (ON BACK F	PAGE):	5
CC Expiration Date (MM/YY): _ _ _ CVV Code: _ _ _			CHIDDING:		•
Cardholder Name:			SHIPPING:		
Billing Address:			DAND TOTAL		
City: Stat	e: Zip Code:		GRAND TOTAL:		-
STATE OF CALIFORNIA REQUIREMENT: To process your order you must also include your "ORIGINAL" certificate of authorization					

issued by the California Secretary of State. No faxes or photocopies are accepted. If you want to order more than one official seal stamp and official seal embosser, the certificate of authorization must be authorized as such. Thank you.













Pink









