Notary Service and Bonding Insurance Agency "Offering a program for notaries since 1940"

550 Hulet Drive, Suite	e 105 Toll Free	: (800) 366 - 8279	Fax: (800) 637 - 5992
Bloomfield Hills, MI		fo@notarybonding.com	Web: notarybonding.com
CALIFORNIA LOW COST NEW OR RENEWAL NOTARY BOND PACKAGE ORDER FORM:			
"BASIC"		VAL NOTARY BOND PACKAGE	PRICE: \$50.00
	Included: Required \$15,000 Notary		
	Included: Official Self-Inking Recta	angular Stamp (Over 5,000 Impressions)	NAME COMM. # (NUMBER) =
	Included: Official Notary Public Jo		MOTARY PUBLIC - CALIFORNIA m ALAMEDA COUNTY
	Included: Notary Public Static Win	dow Decal	My Comm. Exp. (DATE)
"STANDARD"		VAL NOTARY BOND PACKAGE	PRICE: \$70.00
	Included: Required \$15,000 Notary Included: \$5,000 Errors & Omissio		1
		angular Stamp (Over 5,000 Impressions)	COMM. # (NUMBER) H
	Included: Official Notary Public Jo		ALAMEDA COUNTY
	Included: Notary Public Static Win	dow Decal	My Comm. Exp. (DATE)
"DELLIVE"			PRICE: \$85.00
"DELUXE"	Included: Required \$15,000 Notary	VAL NOTARY BOND PACKAGE Public 4 Year Bond	PRICE. \$65.00
	Included: \$10,000 Errors & Omissi		
	Included: Official Self-Inking Recta	angular Stamp (Over 5,000 Impressions)	COMM. # (NUMBER) #
	Included: Official Notary Public Jo Included: Notary Public Static Win		ALAMEDA COUNTY
	included: Notary Fublic Static Win	dow Decai	My Comm. Exp. (DATE)
"ELITE"	LOW COST NEW OR RENEW	VAL NOTARY BOND PACKAGE	PRICE: \$125.00
	Included: Required \$15,000 Notary		
	Included: \$15,000 Errors & Omissi	ons 4 Year Policy	NAME
	Included: Official Pre-Inked Rectar Included: Official Notary Public Jo	ngular Stamp (Over 25,000 Impressions)	
	Included: Official Notary Fublic Static Win		ALAMEDA COUNTY
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Additional California Insurance Coverage Order Form:			
\$5,000 Vehicle Verifier: \$5,000 Professional Photocopier: \$2,000 Insurance Adjuster:			
Price: \$100.00	Price: \$100.00	Price: \$100.00	
\$2,000 Tax Preparer:			
	_		_
1 Year: \$25.00	2 Year: \$35.00 3 Year	:: \$50.00 4 Year: \$64.00	5 Year: <mark>\$80.00</mark>
Ferry of During			
FORM OF PAYMEN		REQUIRED INFORMATION:	
Type or print the check or M	loney Order Number:	Name as Commissioned:	
#		Commission Expiration Date:	
		-	
Payable to: Notary Service and Bonding Insurance Agency Commission or Registration Number:			
Charge: Visa MC	C AM/EX Discover	County Commissioned In:	
		Daytime Phone Number:	
Credit Card Number Exp. Date			
		Residential Address (Address, City, State, Zip Code):	
X			
	aviral for Cradit Cond Druch	Email Address:	
Signature of Cardnolder (Re	quired for Credit Card Purchases)	REMINDER: Include your original ce	rtificate of authorization form.
COULD TOTAL	JOUNT: \$		CA02 - 01/15
GRAND TOTAL AN			01102 01/10