

Notary Service and Bonding Insurance Agency

"Offering a program for notaries since 1940"

550 Hulet Drive, Suite 105 Toll Free: (800) 366 - 8279 Fax: (800) 637 - 5992

Bloomfield Hills, MI 48302 Email: info@notarybonding.com Website: notarybonding.com

CALIFORNIA LOW COST New or RENEWAL NOTARY BOND PACKAGE ORDER FORM:			
Basic	Low Cost New or Renewal M Included: Required \$15,000 Notary Included: Official Self-Inking Rect Included: Official Notary Public Jo Included: Notary Public Static Wir	Public 4 Year Bond angular Stamp (5,000 Impressions) burnal (Soft Cover)	Price: 50.00 NAME COMM. # (NUMBER) # ALAMEDA COUNTY My Comm. Exp. (DATE)
Standard	Low Cost New or Renewal Mincluded: Required \$15,000 Notary Included: \$5,000 Notary Errors & Gincluded: Official Self-Inking Rectincluded: Official Notary Public Journal Included: Notary Public Static Windows	Public 4 Year Bond Omissions 4 Year Policy angular Stamp (5,000 Impressions) ournal (Soft Cover)	NAME COMM. # (NUMBER) # NOTARY PUBLIC - CALIFORNIA m ALAMEDA COUNTY My Comm. Exp. (DATE)
Deluxe Low Cost New or Renewal No Included: Required \$15,000 Notary P Included: \$10,000 Notary Errors & O Included: Official Self-Inking Rectan Included: Official Notary Public Jour Included: Notary Public Static Windo		Public 4 Year Bond Omissions 4 Year Policy angular Stamp (5,000 Impressions) burnal (Soft Cover)	NAME COMM. # (NUMBER) # NOTARY PUBLIC - CALIFORNIA # ALAMEDA COUNTY My Comm. Exp. (DATE)
Elite	Included: Required \$15,000 Notary Public 4 Year Bond Included: \$15,000 Notary Errors & Omissions 4 Year Policy Included: Official Pre-Inked Rectangular Stamp (25,000 Impressions)		Price: \$ 125.00 NAME COMM. # (NUMBER) = ALAMEDA COUNTY My Comm. Exp. (DATE)
ADDITIONAL CALIFORNIA INSURANCE COVERAGE ORDER FORM:			
\$5,000 Vehicle Verifier \$2,000 Insurance Adju \$5,000 Professional Ph	r: Price: \$ 100 ster: Price: \$ 100	\$2,000 Tax Preparer:	1 Year Price: \$ 25.00
Form of Payment Options:		Required Information:	
Type or print the check or money order number below:		Name as Commissioned:	
#		Commission Expiration Date:	
Payable to: Notary Service and Bonding Insurance Agency OR Charge: Visa MC AM/EX Discover		Commission or Registration Number: County Commissioned In: Daytime Phone Number: Email Address: Residential Address (Address, City, State & Zip Code):	
Credit Card Number	Expiration Date		
X		Reminder: Include your original co	ertificate of authorization form.
Shipping & Handling: \$ 5.00			
Grand Total Amount: \$			CA02 - 08/15