

Notary Service and Bonding Agency, Inc.

"Serving over a million notaries nationwide since 1940"

Attn: Connecticut Notary Processing Dept.

550 Hulet Drive, Suite 105 Bloomfield Hills, MI 48302 Toll Free: (800) 366 - 8279 Email: info@notarybonding.com Fax: (800) 637 - 5992 Website: notarybonding.com

BASIC LOW COST



NEW OR RENEWAL NOTARY PACKAGE "A"

\$55.00

PACKAGE INCLUDES:

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

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

John Doe Notary Public-Connecticut My Commission Expires July 09, 2024

STANDARD LOW COST



NEW OR RENEWAL NOTARY PACKAGE "B"

\$64.00

PACKAGE INCLUDES:

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

Official Notary Public Journal (Soft Cover)

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

John Doe Notary Public-Connecticut My Commission Expires July 09, 2024

DELUXELOW COST



NEW OR RENEWAL NOTARY PACKAGE "C"

\$89.00

PACKAGE INCLUDES:

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

Official Notary Public Journal (Soft Cover)

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

John Doe Notary Public-Connecticut My Commission Expires July 09, 2024

ELITE LOW COST



NEW OR RENEWAL NOTARY PACKAGE "D"

\$120.00

PACKAGE INCLUDES:

\$25,000 Notary Errors & Omissions 5 Year Policy

Official Notary Public Journal (Soft Cover)

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

John Doe Notary Public-Connecticut My Commission Expires July 09, 2024

CONNECTICUT LOW COST NEW OR RENEWAL NOTARY PACKAGE ORDER FORM:

			FORM OF PAYMENT OPTIONS:		
			Type or print the check or money orde	er number below:	
			#		
SELECT YOUR NOTARY PACKA	GE:		Payable to: Notary Service and Bondin	ng Agency, Inc.	
Basic Notary Package "A"		\$55.00	OR		
Standard Notary Package "B"		\$64.00	Charge:VisaMasterCard _	_AM/EXDiscover	
Deluxe Notary Package "C"		\$89.00			
Elite Notary Package "D"		\$120.00	Credit Card Number	Expiration Date	
			X		
GRAND TOTAL AMOUNT: \$			Signature of Cardholder (Required for Credit Card Purchases)		
			REQUIRED INFORMATION:		
			Name as Commissioned:		
			Commission Expiration Date:		
			Mailing Address (Address, City, State & Zip Code):		
			Daytime Phone:		
CT-02 05/15			Email:		