

Notary Service and Bonding Agency, Inc.

"Serving over a million notaries nationwide since 1940"

Toll Free: (800) 366 - 8279

Attn: Connecticut Notary Processing Dept.

550 Hulet Drive, Suite 105

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

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 "R"

\$ 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

Deluxe



Low Cost New or Renewal Notary Package "(())

\$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 Nev **Notary Package Order Form:**

Select Your Notary Package:

Basic Notary Package "A"

\$ 55.00

Standard Notary Package "B" Deluxe Notary Package "C"

\$ 89.00

\$ 64.00

Elite Notary Package "D"

\$ 120.00

Form of Payment Options:
Type or print the check or mone

y order number below:

Payable to: Notary Service and Bonding Agency, Inc.

OR

Charge: ___Visa ___MasterCard ___AM/EX ___Discover

Credit Card Number

Expiration Date

Signature of Cardholder (Required for Credit Card Purchases)

Required Information:

Name as Commissioned:

Commission Expiration Date:_

Mailing Address (Address, City, State & Zip Code):

Shipping & Handling: \$ 5.00

Grand Total Amount: \$

Daytime Phone:_		
Email:		