

# Notary Service and Bonding Agency, Inc.

"Serving over a million notaries nationwide since 1940"

Attn: Georgia 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

\$47.00

Package Includes:

\$5,000 Notary Errors & Omissions 4 Year Policy

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

JONATHAN T. DOE NOTARY PUBLIC Fulton County State of Georgia My Comm. Expires June 27, 2027

#### Standard



Low Cost New or Renewal Notary Package "B"

\$ 57.00

Package Includes:

\$5,000 Notary Errors & Omissions 4 Year Policy

Official Notary Public Journal (Soft Cover)

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

JONATHAN T. DOE NOTARY PUBLIC Fulton County State of Georgia My Comm. Expires June 27, 2027

#### Deluxe



Notary Package

\$77.00

Package Includes:

\$10,000 Notary Errors & Omissions 4 Year Policy

Official Notary Public Journal (Soft Cover)

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

JONATHAN T. DOE NOTARY PUBLIC Fulton County State of Georgia My Comm. Expires June 27, 2027

#### Elite



Low Cost New or Renewal Notary Package

\$ 102.00

Package Includes:

\$25,000 Notary Errors & Omissions 4 Year Policy

Official Notary Public Journal (Soft Cover)

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

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## Georgia Low Cost New or Renewal Notary Package Order Form:

### Select Your Notary Package: Form of Payment Options: Type or print the check or money order number below: $\bot$ \$ 47.00 Basic Notary Package "A" \$ 57.00 Standard Notary Package "B" Payable to: Notary Service and Bonding Agency, Inc. **□**\$ 77.00 Deluxe Notary Package "C" Charge: \_\_\_Visa \_\_\_MasterCard \_\_\_AM/EX \_\_\_Discover **\$ 102.00** Elite Notary Package "D" Credit Card Number **Expiration Date** Signature of Cardholder (Required for Credit Card Purchases) **Required Information:** Name as Commissioned: Mailing Address (Address, City, State & Zip Code): Commission Expiration Date:\_\_\_\_\_ Shipping & Handling: \$ 5.00 County Commissioned In:\_\_\_\_\_ Grand Total Amount: \$ Phone & Email: