



Hawaii Notary "Discount" Association Co.

"Serving Over A Million Notaries Nationwide Since 1940"

550 Hulet Drive, Suite 105
Bloomfield Hills, MI 48302

Call: (800) 366 - 8279
Email: info@notarybonding.com

Fax: (800) 637 - 5992
Web: notarybonding.com

<p>"BASIC" LOW COST</p>  <p>NEW OR RENEWAL NOTARY BOND PACKAGE "A"</p> <p>\$50.00</p> <p>PACKAGE INCLUDES: Required \$1,000 Notary Public "4" Year Bond Notary Public Static Window Decal</p>	<p>"STANDARD" LOW COST</p>  <p>NEW OR RENEWAL NOTARY BOND PACKAGE "B"</p> <p>\$72.00</p> <p>PACKAGE INCLUDES: Required \$1,000 Notary Public "4" Year Bond Official Self-Inking Round Stamp Seal (Over 5,000 Imp.)  Notary Static Window Decal</p>	<p>"DELUXE" LOW COST</p>  <p>NEW OR RENEWAL NOTARY BOND PACKAGE "C"</p> <p>\$105.00</p> <p>PACKAGE INCLUDES: Required \$1,000 Notary Public "4" Year Bond \$5,000 Total Errors & Omissions "4" Year Policy Official Self-Inking Round Stamp Seal (Over 5,000 Imp.)  Notary Static Window Decal</p>	<p>"ELITE" LOW COST</p>  <p>NEW OR RENEWAL NOTARY BOND PACKAGE "D"</p> <p>\$125.00</p> <p>PACKAGE INCLUDES: Required \$1,000 Notary Public "4" Year Bond \$10,000 Total Errors & Omissions "4" Year Policy Official Self-Inking Round Stamp Seal (Over 5,000 Imp.)  Notary Static Window Decal</p>
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HAWAII LOW COST NEW OR RENEWAL NOTARY BOND PACKAGE ORDER FORM:

REQUIRED INFORMATION:

Name as Commissioned: _____
 Full Residential Address (Address, City, State, Zip Code): _____
 Are you a New or Renewal Notary: _____
 County Commissioned In: _____
 Commission Number: _____
 Commission Expiration Date: _____
 Phone Number: _____
 Email Address: _____

OPTIONAL OFFICIAL NOTARY PUBLIC JOURNAL:

Official Notary Journal (Soft Cover): \$5.00

SELECT YOUR NOTARY BOND PACKAGE:

Basic Notary Bond Only Package "A": \$50.00
 Standard Notary Bond Package "B": \$72.00
 Deluxe Notary Bond Package "C": \$105.00
 Elite Notary Bond Package "D": \$125.00

GRAND TOTAL AMOUNT: \$ _____

ADDITIONAL ERRORS & OMISSIONS COVERAGE:

Additional 4 Year \$5,000 E & O Policy: \$30.00
 Additional 4 Year \$10,000 E & O Policy: \$50.00
 Additional 4 Year \$25,000 E & O Policy: \$75.00

FORM OF PAYMENT OPTIONS:

Please type or print the check or money order number:
 # _____
 Payable to: **Hawaii Notary "Discount" Association Co.**
 Charge: ___ Visa ___ MasterCard ___ AM/EX ___ Discover

 Credit Card Number _____ Expiration Date _____
 X _____
 Signature of Cardholder (Required for Credit Card Purchases)