



Notary Service and Bonding Agency, Inc.

“Serving over a million notaries nationwide since 1940”

Attn: Iowa 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
Web: notarybonding.com

<p>“BASIC” LOW COST</p>  <p>NEW OR RENEWAL NOTARY PACKAGE “A”</p> <p>\$40.00</p> <p>PACKAGE INCLUDES: \$5,000 Errors & Omissions “3” Year Insurance Policy</p> <p>Self-Inking Rect. Official Stamp Seal (Over 5,000 Impressions)</p>  <p>Toll Free Telephone and Email Support</p>	<p>“STANDARD” LOW COST</p>  <p>NEW OR RENEWAL NOTARY PACKAGE “B”</p> <p>\$50.00</p> <p>PACKAGE INCLUDES: \$5,000 Errors & Omissions “3” Year Insurance Policy</p> <p>Self-Inking Rect. Official Stamp Seal (Over 5,000 Impressions)</p>  <p>Official Notary Public Journal (Soft Cover)</p> <p>Toll Free Telephone and Email Support</p>	<p>“DELUXE” LOW COST</p>  <p>NEW OR RENEWAL NOTARY PACKAGE “C”</p> <p>\$65.00</p> <p>PACKAGE INCLUDES: \$10,000 Errors & Omissions “3” Year Insurance Policy</p> <p>Self-Inking Rect. Official Stamp Seal (Over 5,000 Impressions)</p>  <p>Official Notary Public Journal (Soft Cover)</p> <p>Toll Free Telephone and Email Support</p>	<p>“ELITE” LOW COST</p>  <p>NEW OR RENEWAL NOTARY PACKAGE “D”</p> <p>\$84.00</p> <p>PACKAGE INCLUDES: \$25,000 Errors & Omissions “3” Year Insurance Policy</p> <p>Self-Inking Rect. Official Stamp Seal (Over 5,000 Impressions)</p>  <p>Official Notary Public Journal (Soft Cover)</p> <p>Toll Free Telephone and Email Support</p>
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IOWA LOW COST NEW OR RENEWAL NOTARY PACKAGE ORDER FORM:

SELECT YOUR NOTARY PACKAGE:

- “BASIC” NOTARY PACKAGE “A” **\$40.00**
- “STANDARD” NOTARY PACKAGE “B” **\$50.00**
- “DELUXE” NOTARY PACKAGE “C” **\$65.00**
- “ELITE” NOTARY PACKAGE “D” **\$84.00**

GRAND TOTAL AMOUNT: \$ _____

FORM OF PAYMENT OPTIONS:

TYPE OR PRINT THE CHECK OR MONEY ORDER NUMBER:

PAYABLE TO: **NOTARY SERVICE AND BONDING AGENCY, INC.**

CHARGE: VISA MASTERCARD AM/EX DISCOVER

CREDIT CARD NUMBER

EXPIRATION DATE

X

SIGNATURE OF CARDHOLDER (REQUIRED FOR CREDIT CARD PURCHASES)

REQUIRED INFORMATION:

Name as Commissioned: _____
Commission Exp. Date: _____
Commission or Registration Date: _____
Phone Number: _____
Email Address: _____