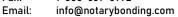


## **IDAHO NOTARY "DISCOUNT" ASSOCIATION**

Corporate Mailing Address: 550 Hulet Drive, Suite 105, Bloomfield Hills, MI 48302

Phone: 1-800-366-8279
Phone: 1-800-3-NOTARY
Fax: 1-800-637-5992





	New or Renewal Basic Package \$60.00	New or Renewal Standard Package \$79.00	New or Renewal Deluxe Package \$124.00	New or Renewal Elite Package \$154.00	New or Renewal Superior Package \$192.00
INCLUDES: \$10,000 Notary Public 6 Year Bond.	X	X	X	X	X
INCLUDES: Official Self-Inking Rectangular Seal Stamp.  JANE J. DOE NOTARY PUBLIC State of Idaho Comm No. 123456789		X	X	X	X
INCLUDES: \$10,000 Notary Errors & Omissions 6 Year Policy.	X	X			
INCLUDES: \$15,000 Notary Errors & Omissions 6 Year Policy.			X		
INCLUDES: \$20,000 Notary Errors & Omissions 6 Year Policy.				X	
INCLUDES: \$35,000 Notary Errors & Omissions 6 Year Policy.					Χ
SELECT A NEW OR RENEWAL NOTARY BOND PACKAGE   SELECT A SHIPPING METHOD					
\$60.00 Basic Package \$79.00 Standard Package \$124.00 Deluxe Package \$154.00 Elite Package \$192.00 Superior Package \$8.00 Standard Shipping \$16.00 FedEx Ground \$20.00 FedEx 3 Day \$25.00 FedEx 2 Day \$37.00 UPS Next Day Trackable shipping with FedEx or UPS. FedEx and UPS options are only for stamps and/or embossers. All other products will be shipped standard mail.  ADDITIONAL NOTARY ERRORS & OMISSIONS 6 YEAR POLICY \$45.00 \$5,000 Notary E&0 6 Year Policy \$75.00 \$10,000 Notary E&0 6 Year Policy \$113.00 \$25,000 Notary E&0 6 Year Policy  Name As Commissioned:  New Notary Renewal Notary - Renewal Notary Indicate Your Commission Expiration Date (MM/DD/YYYY):					
Renewal Notary Indicate Your Commission Number:					
Daytime Phone:					
Email Address:					
Note: P.O. Boxes Are Not Accepted:					
Residence Address: State: Zip Code: Residence County:					
*If Applicable:					
*Ship To Address:					
*Ship To City:		*S	hip To State:	*Ship To Zip Code	9:
COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK					
Pay by Visa, MasterCard, American Express or Discover: Pay by Check:					
CC Number:					
CC Expiration Date (MM/YY):		Ch	eck Number:   _		
CVV Code:					
Cardholder Name: Signature of Cardholder: X					

