KANSAS 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

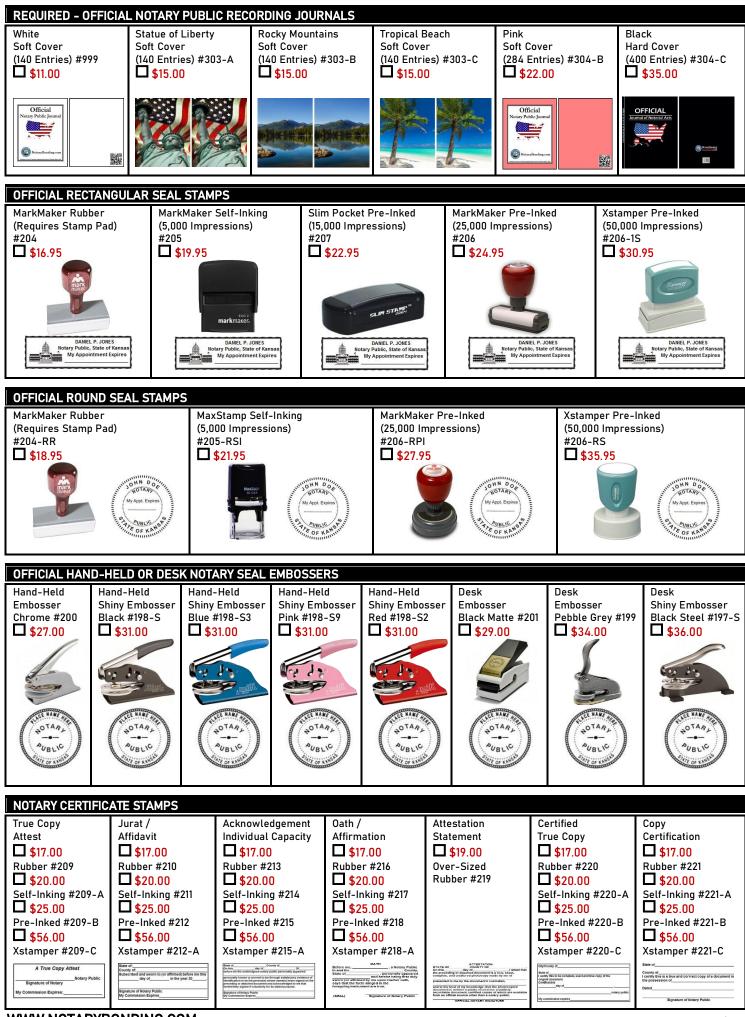
 Fax:
 1-800-637-5992

 Email:
 info@notarybonding.com



	New or	New or	New or	New or	New or
	Renewal Basic	Renewal Standard	Renewal Deluxe	Renewal Elite	Renewal Superior
	Package	Package	Package	Package	Package
	\$50.00	\$69.00	\$119.00	\$139.00	\$164.00
INCLUDES: \$12,000 Notary	Х	Х	Х	Х	Х
Public 4 Year Bond.	^	^	^	~	^
INCLUDES: Official Self-Inking					
Rectangular		X	X	X	X
Seal Stamp.					
INCLUDES: \$10,000 Notary Errors & Omissions 4 Year Policy.	X	X			
INCLUDES: \$15,000 Notary			V		
Errors & Omissions 4 Year Policy.			X		
INCLUDES: \$20,000 Notary Errors & Omissions 4 Year Policy.				X	
INCLUDES: \$35,000 Notary					
Errors & Omissions 4 Year Policy.					X
SELECT A NEW OR RENEWAL NOTARY BOND PACKAGE SELECT A SHIPPING METHOD					
📕 🗆 💲 🗆 📫 💭 📫 🕹 🏎 🕹 👘 🕹 Standard Package 🔤 🖓 🕹 Standard Package 🔤 Standard Package 🔤 Standard Package 🔤 Standard Package					
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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 4 YEAR POLICY \$50.00 \$5,000 Notary E&0 4 Year Policy					
\$70.00 \$10,000 Notary E&O 4 Year Policy					
\$ 95.00 \$25,000 Notary E&O 4 Year Policy					
COMPLETE MANDATORY INFORMATION					
Name As Commissioned:					
New Notary					
Renewal Notary - Renewal Notary Indicate Your Appointment Expiration Date (MM/DD/YYYY):					
Daytime Phone:					
Email Address:					
Note: P.O. Boxes Are Not Accepted:					
Residence Address:					
City:Zip Code:Residence County:					
*If Applicable:					
*Ship To Address:					
*Ship To City:		*9	Ship To State:	*Ship To Zip Code	2:
COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK					
Pay by Visa, MasterCard, American Express or Discover:			Pay by Check:		
CC Number:			Check Payable to: Kansas Notary "Discount" Association		
CC Expiration Date (MM/YY):			Check Number:		
CVV Code:					
Cardholder Name:					
Signature of Cardholder: X	ture of Cardholder: X TOTAL AMOUNT: \$				

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