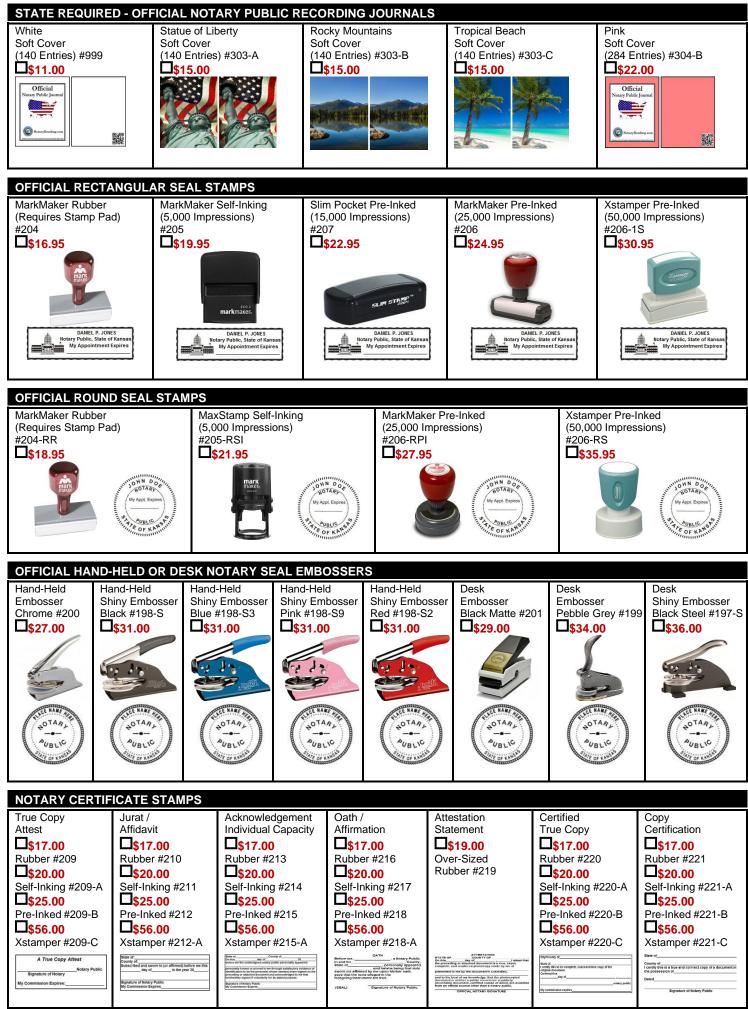
	r Form – Kansas 1-800-366-8279 w	Notary "Discour ww.NotaryBonding.com		
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SELECT THE NEW OR RENEWAL KANSAS NOTARY PACKAGE THAT'S RIGHT FOR YOU.				
New or Renewal	New or Renewal	New or Renewal	New or Renewal	New or Renewal
Basic Package	Standard Package	Deluxe Package	Elite Package	Superior Package
\$50.00	\$69.00	\$119.00	\$139.00	\$164.00
 Kansas 4-Year \$12,000 Notary Bond 	Kansas 4-Year \$12,000 Notary Bond	Kansas 4-Year \$12,000 Notary Bond	\$12,000 Notary Bond	Kansas 4-Year \$12,000 Notary Bond
 Kansas 4-Year \$10,000 E&O Insurance 	Kansas 4-Year \$10,000 E&O Insurance	Kansas 4-Year \$15,000 E&O Insurance	Kansas 4-Year \$20,000 E&O Insurance	Kansas 4-Year \$35,000 E&O Insurance
4-Year Toll-Free Hotline Support	Official Rectangular Self-Inking Seal Stamp	Official Rectangular Self-Inking Seal Stamp Notary Public, State of Kanaas My Appointment Expires	Official Rectangular Self-Inking Seal Stamp My Appointment Expires	Official Rectangular Self-Inking Seal Stamp Notary Public, State of Kansas My Appointment Expires
	4-Year Toll-Free Hotline Support	4-Year Toll-Free Hotline Support	4-Year Toll-Free Hotline Support	4-Year Toll-Free Hotline Support
Solution State Sta	TARY BOND PACKAGES	\$119.00 Deluxe	\$139.00 Elite	\$164.00 Superior
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ADDITIONAL NOTARY E&O 4 YEAR INSURANCE				
EXPRESS NOTARY BOND SERVICE				
\$15.00 Receive your Kansas notary public bond via email in 1 business day or less.				
NOTARY INFORMATION				
Name As Commissioned:				
New Notary Renewal Notary - Appointment Expiration Date: Month: Day: Year:				
Email Address: Daytime Phone:				
Residence Address - P.O. Boxes Are Not Accepted:				
City: State: Zip Code: Residence County:				
*If Applicable - *Ship To Add	ress:			
*Ship To City:			*Ship To State: *Ship T	o Zip Code:
PAYMENT OPTIONS			SUMMARY OF TOTALS	
Check/Money Order (make payable to: Kansas Notary "Discount" Association)			NOTARY BOND PACKAGE:	\$
Check Number (on upper right side of check):			ADDITIONAL E&O INSURANCI	E: \$
Visa MasterCard American Express Discover			EXPRESS NOTARY SERVICE	\$
CC Number:			SUPPLIES (ON BACK PAGE):	\$
CC Expiration Date (MM/YY):			SHIPPING:	\$
Cardholder Name				
Billing Address:				
City: State: Zip Code: GRAND TOTAL: \$ Pricing, information, and specifications are subject to change without notice. Page 1 of 2 - Kansas 09/20				



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