

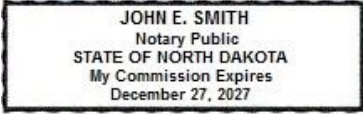



NORTH DAKOTA NOTARY "DISCOUNT" ASSOCIATION

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



	Basic Package	Standard Package	Deluxe Package	Elite Package
	\$ 55.95	\$ 73.95	\$ 123.95	\$ 148.95
INCLUDES: \$ 7,500 Notary Public 6 Year Bond.	X	X	X	X
INCLUDES: Standard Shipping & Handling of \$ 5.95.	X	X	X	X
INCLUDES: Toll Free Telephone & Email Support For Full 6 Year Term.	X	X	X	X
INCLUDES: Official Self-Inking Rectangular Seal Stamp.  		X	X	X
INCLUDES: \$ 5,000 Notary E&O 6 Year Policy.	X	X		
INCLUDES: \$ 10,000 Notary E&O 6 Year Policy.			X	
INCLUDES: \$ 15,000 Notary E&O 6 Year Policy.				X

SELECT A NOTARY BOND PACKAGE

- \$ 55.95 Basic Package
- \$ 73.95 Standard Package
- \$ 123.95 Deluxe Package
- \$ 148.95 Elite Package

ADDITIONAL NOTARY ERRORS & OMISSIONS 6 YEAR POLICY

- \$ 50.00 \$ 5,000 Notary E&O 6 Year Policy
- \$ 75.00 \$ 10,000 Notary E&O 6 Year Policy
- \$ 112.50 \$ 25,000 Notary E&O 6 Year Policy

OPTIONAL TRACKABLE SHIPPING METHODS

Provide yourself with end-to-end product trackable shipping. FedEx and UPS options are only for stamps and/or embossers. All other products will be shipped standard mail. Allow 1 to 3 business days for manufacturing and personalization.

- \$ 15.95 FedEx Ground
- \$ 19.95 FedEx 3 Day
- \$ 24.95 FedEx 2 Day
- \$ 36.95 UPS Next Day

COMPLETE MANDATORY INFORMATION

Name As Commissioned: _____

New Notary Renewal Notary
 Renewal Notary Indicate Your Commission Expiration Date (MM/DD/YYYY): _____
 Renewal Notary Indicate County Commission In: _____

Daytime Phone: _____ Email Address: _____

Note: P.O. Boxes Are Not Accepted:

Residence Address: _____

City: _____ State: _____ Zip Code: _____ Residence County: _____

**If Applicable:*

Ship To Address: _____

Ship To City: _____ Ship To State: _____ Ship To Zip Code: _____

COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK

Pay by Visa, MasterCard, American Express or Discover:
 CC Number:
 Expiration Date (MM/YY): CCV:
 Cardholder Name: _____
 Signature of Cardholder: X _____

Pay by Check:
 Payable to North Dakota Notary "Discount" Association
 Provide the Check Number: # _____

TOTAL AMOUNT: \$ _____

