

NEBRASKA NOTARY SERVICE AND BONDING CO.

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



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	Basic	Standard	Deluxe	Elite
	Package	Package	Package	Package
	\$ 55.95	\$ 73.95	\$ 123.95	\$ 152.95
INCLUDES: \$ 15,000 Notary Public 4 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 4 Year Term.	X	X	X	X
INCLUDES: Official Self-Inking Rectangular Seal Stamp. JOHN D. DOE State of Nebraska - General Notary My Commission Expires June 27, 2027 markmaxer.		X	X	X
INCLUDES: \$ 10,000 Notary E&O 4 Year Policy.	X	X		
INCLUDES: \$ 15,000 Notary E&O 4 Year Policy.			X	
INCLUDES: \$ 25,000 Notary E&O 4 Year Policy.				X
SELECT A NOTARY BOND PACKAGE \$ 55.95 Basic Package \$ 73.95 Standard Package \$ 123.95 Deluxe Package \$ 152.95 Elite Package ADDITIONAL NOTARY ERRORS & OMISSIONS 4 YEAR POLICY \$ 50.00 \$ 5,000 Notary E&O 4 Year Policy \$ 70.00 \$ 10,000 Notary E&O 4 Year Policy				
S 95.00 \$ 25,000 Notary E&O 4 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. S 15.95 FedEx Ground S 19.95 FedEx 3 Day S 24.95 FedEx 2 Day S 36.95 UPS Next Day COMPLETE MANDATORY INFORMATION				
Name As Commissioned: New Notary Renewal Notary Renewal Notary Indicate Commission Expiration Date (MM/DD/YYYY): 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 Address:		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): Pay by Check: Payable to Nebraska Notary Service and Bonding Co. Provide the Check Number: #				
Cardholder Name: Signature of Cardholder: X TOTAL AMOUNT: \$				







