

ARKANSAS NOTARY "DISCOUNT" ASSOCIATION 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
Fmail: info@notarybonding



Email. Info@notal ybonding.co)111			
	New or Renewal	New or Renewal	New or Renewal	New or Renewal
	Basic Package	Deluxe Package	Elite Package	Premium Package
	\$48.00	\$64.00	\$91.00	\$121.00
INCLUDES: \$7,500 Notary Public 10 Year Bond.	Х	Х	Х	Х
INCLUDES: Official	~	<u> </u>	~	~
Self-Inking Rectangular Seal Stamp. Seal Stamp.		X	X	X
INCLUDES: \$5,000 Notary	Х	Х		
Error & Omissions 10 Year Policy.	Λ	X		
INCLUDES: \$10,000 Notary Error & Omissions 10 Year Policy.			X	
INCLUDES: \$25,000 Notary				V
Error & Omissions 10 Year Policy.				X
SELECT A NEW OR RENEWAL NOTARY BOND P				
\$48.00 Basic Package \$\square\$\$64.00 Deluxe Package \$\square\$\$91.00 Elite Package \$\square\$\$121.00 Premium Package \$\square\$\$				
□\$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 10 YEAR POLICY				
□\$62.50 \$5,000 Notary E&O 10 Year Policy □\$100.00 \$10,000 Notary E&O 10 Year Policy □\$150.00 \$25,000 Notary E&O 10 Year Policy				
OPTIONAL ARKANSAS EXPRESS NOTARY BOND SERVICE				
□\$15.00 Receive your Arkansas notary public bond via email in 1 business day or less.				
COMPLETE MANDATORY INFORMATION				
□ I'm A New Notary				
I'm A Renewal Notary - County Commissioned In: Commission Expiration Date (MM/DD/YYYY):				
Indicate Your Commission Number:				
Print Your Name Exactly As You Wish To Be Commissioned:				
Daytime Phone: Email Address:				
Note: P.O. Boxes Are Not Accepted: Residence Address:				
Residence City: Residence State: Residence Zip Code: County of Residence:				
·			·	
Ship To Address:				
Ship To City: Ship To State: Ship To Zip Code:				
*Only Non-Residents Complete The Following - Note *Employer's Name:		•		
*Employer's Address:				
*Employer's City:				nty:
COMPLETE PAYMENT METHOD VIA CREDIT CAI	RD OR CHECK			
Pay by Visa, MasterCard, American Express or Disco		Pay by Check:		
CC Number:		Check Payable	e to: Arkansas Notary "Dis	scount" Association Co.
CC Expiration Date (MM/YY):			r: <u> </u>	
CVV Code:				
Cardholder Name:				
Signature of Cardholder: X			OUNT: \$	









