FLORIDA NOTARY "DISCOUNT" ASSOCIATION CO. P.O. Box 7177, Tallahassee, FL 32314

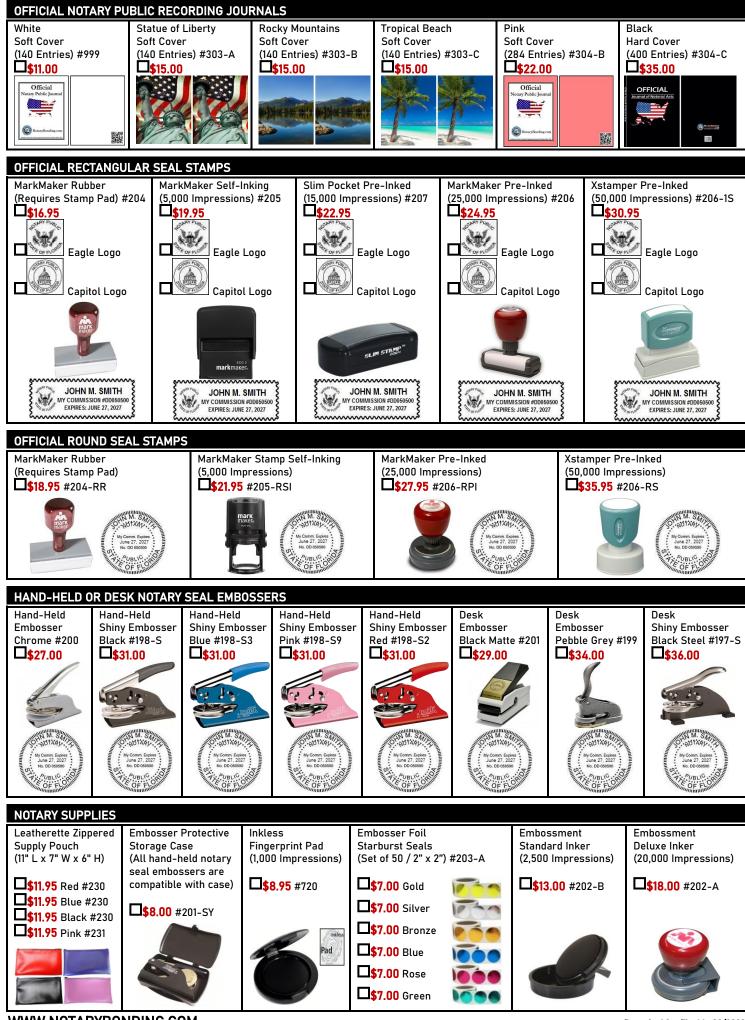


Fax:

Phone: 1-800-366-8279 Phone: 1-800-3-NOTARY 1-800-637-5992 Email: info@notarybonding.com



	New or Renewal	New or Renewal	New or Renewal	New or Renewal
	Standard Package	Premium Package	Elite Package	Professional Package
		<u> </u>		
	\$89.00	\$109.00	\$129.00	\$149.00
INCLUDES: \$7,500 Notary Public 4 Year Bond.	X	Х	X	Х
INCLUDES: Department of State Filing Fee of \$39.00.	X	X	X	X
INCLUDES: Department of State Online Notary Education Course.	X	Х	Х	X
INCLUDES: Official Self-Inking Rectangular Seal Stamp.	X	X	X	X
Includes: \$1,000 Notary				
Errors & Omissions 4 Year Policy.	X			
INCLUDES: \$6,000 Notary Errors & Omissions 4 Year Policy.		X		
INCLUDES: \$11,000 Notary Errors & Omissions 4 Year Policy.			X	
INCLUDES: \$26,000 Notary Errors & Omissions 4 Year Policy.				Х
SELECT A NEW OR RENEWAL NOTARY BOND PACKAGE   SELECT A SEAL STAMP LOGO   SELECT A SHIPPING METHOD				
Required 🗪 🔩 89.00 Standard 🛛 \$109.00 Premium 🖾 \$129.00 Elite 🖾 \$149.00 Professional				
Required Eagle Seal Stamp Logo				
*Trackable shipping with FedEx or UPS. FedEx and UPS are only for stamps or seal embossers.				
ADDITIONAL NOTARY ERRORS & OMISSIONS 4 YEAR POLICY				
<b>\$25.00</b> \$5,000 Notary E&O 4 Year Policy <b>\$45.00</b> \$10,000 Notary E&O 4 Year Policy <b>\$65.00</b> \$25,000 Notary E&O 4 Year Policy				
OPTIONAL PRIORITY APPLICATION PROCESSING				
Save time with our optional priority application processing! We highly recommend payment by credit card or money order. Payments made by check must be held for 7 business days until cleared.				
COMPLETE MANDATORY INFORMATION				
Full Name:				
Email: Phone: Phone:				
Residential Address:				
Residential City: Residential Zip Code: Residential County: Residential State: Residential Zip Code: Residential County: Res				
COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK				
Pay by Visa, MasterCard, American Express			Check:	
Pay by Visa, MasterCard, American Express or Discover: Pay by Check:    CC Number:				
CC Number: II				
Cardholder Name:				
Signature of Cardholder: X				
TOTAL AMOUNT: \$				



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