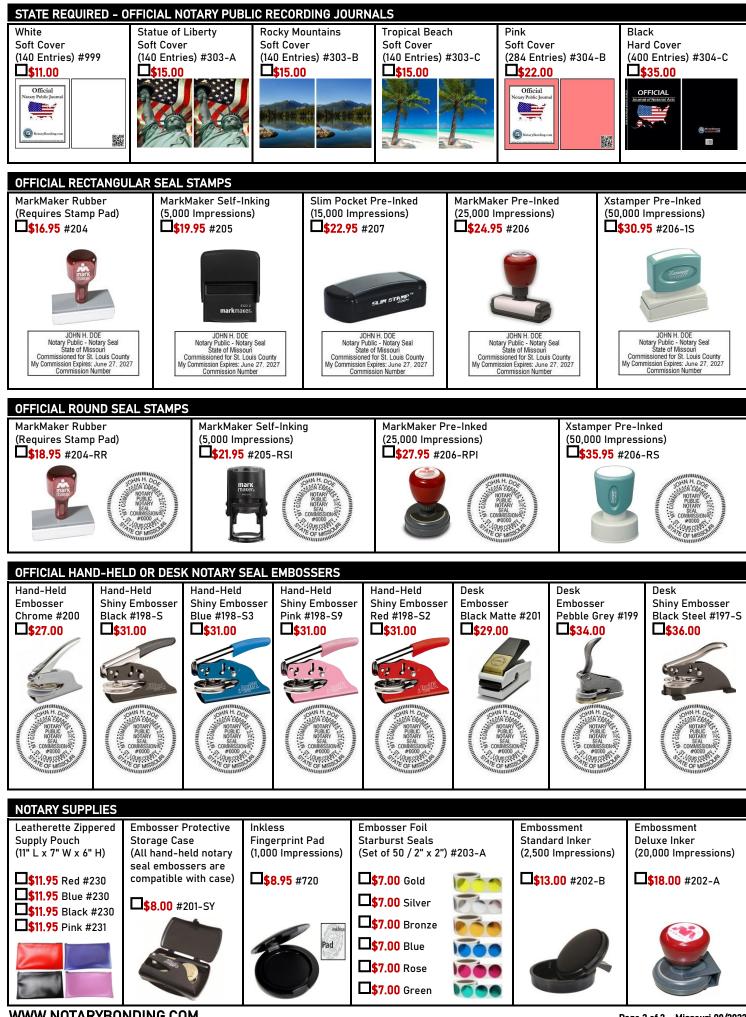
## MISSOURI NOTARY SERVICE AND BONDING CO. P.O. Box 1844, Jefferson City, MO 65102



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



	New or Renewal	New or Renewal	New or Renewal	New or Renewal	
	Basic	Standard Package	Deluxe Package	Elite Packago	
	Package		Package	Package	
	\$80.00	\$110.00	\$118.00	\$126.00	
INCLUDES: \$10,000 Notary Public 4 Year Bond.	X	X	X	X	
INCLUDES: State Application Fee of \$25.00.	X	X	X	X	
INCLUDES: State Required Notary Training Course for New & Renewal Notaries. We are a State Approved Educational Provider by the Missouri Secretary of State's office.	x	X	x	x	
INCLUDES: Official Self-Inking Rectangular Seal Stamp.	x	X	X	X	
INCLUDES: \$10,000 Notary Errors & Omissions 4 Year Policy.	X				
INCLUDES: \$15,000 Notary Errors & Omissions 4 Year Policy.		X			
INCLUDES: \$20,000 Notary Errors & Omissions 4 Year Policy.			X		
INCLUDES: \$25,000 Notary Errors & Omissions 4 Year Policy.				X	
SELECT A NEW OR RENEWAL NOTARY BOND PACKAGE   SELECT A SHIPPING METHOD					
Required					
Required <b>\$16.00</b> *FedEx Ground <b>\$20.00</b> *FedEx 3 Day <b>\$25.00</b> *FedEx 2 Day <b>\$37.00</b> *UPS Next Day *Trackable shipping with FedEx or UPS. FedEx and UPS are only for stamps or seal embossers.					
ADDITIONAL NOTARY ERRORS & OMISSIONS 4 YEAR POLICY					
<b>\$30.00</b> \$5,000 Notary E&O 4 Year Policy <b>\$50.00</b> \$10,000 Notary E&O 4 Year Policy <b>\$75.00</b> \$25,000 Notary E&O 4 Year Policy					
OPTIONAL PRIORITY APPLICATION PROCESSING					
\$35.00 Did you wait until the last minute to apply for your commission? 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 Commissioned Name:					
Email:					
Phone:					
Ship To Address:					
Ship To City: Ship To State: Ship To Zip Code:					
COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK					
			Pay by Check:		
CC Number:				0	
CC Expiration Date (MM/YY):					
Cardholder Name:					
Signature of Cardholder: X					
TOTAL AMOUNT: \$					



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