NOTARY ASSOCIATION OF TEXAS, INC. 1108 Lavaca Street, Suite 110 - 902, Austin, TX 78701



1-800-366-8279 Phone: Phone: 1-800-3-NOTARY 1-800-637-5992



Fax: Email: info@notarybonding.com

"Offering A Program For Notaries Since 1940"	New or Renewal Basic Package \$76.00	New or Renewal Standard Package \$79.00	New or Renewal Deluxe Package \$82.00	New or Renewal Elite Package \$86.00	New or Renewal Ultimate Package \$99.00	New or Renewal Superior Package \$109.00	
INCLUDES: Required by law a \$10,000 Notary Public 4 Year Bond \$50.00 licensed Texas Agent of Contractors Bonding & Insurance Co. an RLI Co.	X	X	X	X	X	X	
INCLUDES: Texas Secretary of State Filing Fee of \$21.00.	X	X	X	X	Χ	X	
INCLUDES: Official Self-Inking Rect. Seal Stamp. Seal Stamp.	X						
INCLUDES: Official Self-Inking Round Seal Stamp.		X					
INCLUDES: Official Pre-Inked Rect. Seal Stamp.			X				
INCLUDES: Official Pre-Inked Round Seal Stamp.				X			
INCLUDES: Official Xstamper Rect. Seal Stamp. NORM D DOS TRANSPORTED By Commission Expires June 27, 2027					X		
INCLUDES: Official Xstamper Round Seal Stamp.						X	
SELECT A NEW OR RENEWAL NOTARY BON \$76.00 Basic \$79.00 Standard	D PACKAGE S				MP INK COLOR \$109.00 Superior		
	• • • • • • • • • • • • • • • • • • • •	=	•] <mark>\$37.00</mark>		
Trackable shipping with FedEx or UPS. FedEx and			•	•		•	
■ □Black Stamp Ink ■ □Blue Stamp							
OPTIONAL NOTARY ERRORS & OMISSIONS 4							
		Notary E&O 4 Year	-	0.00 \$15,000 Nota	•	•	
□\$46.00 \$20,000 Notary E&O 4 Year Policy □		•	•		•	•	
Licensed Texas Agent of Contractors Bonding an an RLI Company through Notary Association of T		any an KLI Comp	any. Underwritte	n by Contractors i	Bonding and insur	ance Company	
OPTIONAL PRIORITY APPLICATION PROCES							
\$35.00 Did you wait until the last minute to app		ssion? Save time	with our optiona	l priority application	on processing!		
We highly recommend payment by credit card or	money order. Pay	ments made by c	heck must be he	ld for 7 business (days until cleared		
COMPLETE MANDATORY INFORMATION							
Full Name:							
Email:			Pho	ne:		·	
Mailing Address:							
Mailing City:			Mailing S	itate: Mai	iling Zip Code:		
COMPLETE PAYMENT METHOD VIA CREDIT		K					
Pay by Visa, MasterCard, American Express or Discover: Pay by Check:							
CC Number:						, Inc.	
CC Expiration Date (MM/YY):		<u> </u>		ber:			
Cardholder Name:				A MOUNT &			
Signature of Cardholder: X				TOTAL AMOUNT: \$			

