

Nevada Notary "Discount "Association Co.

"Serving over a million notaries nationwide since 1940"

550 Hulet Drive, Suite 105 Bloomfield Hills, MI 48302 Toll Free: (800) 366 - 8279 Email: info@notarybonding.com Fax: (800) 637 - 5992 Web: notarybonding.com

NOTARY BOND PACKAGE ORDER FORM: NEVADA LOW COST NEW O "BASIC" "STANDARD" "DELUXE" "ELITE" **LOW COST** LOW COST LOW COST LOW COST **NEW OR RENEWAL NEW OR RENEWAL NEW OR RENEWAL** NEW OR RENEWAL **NOTARY BOND PACKAGE NOTARY BOND PACKAGE NOTARY BOND PACKAGE** NOTARY BOND PACKAGE "B \$40.00 \$89.00 \$65.00 \$94.00 PACKAGE INCLUDES: PACKAGE INCLUDES: PACKAGE INCLUDES: **PACKAGE INCLUDES:** Required \$10,000 Notary Required \$10,000 Notary Required \$10,000 Notary Required \$10,000 Notary Public "4" Year Bond Public "4" Year Bond Public "4" Year Bond Public "4" Year Bond **Notary Static Window Decal \$10,000** Total Errors & **\$15,000** Total Errors & **\$20,000** Total Errors & **Omissions "4" Year Policy Omissions "4" Year Policy Omissions "4" Year Policy** Official Self-Inking Rect. Stamp Official Self-Inking Rect. Stamp Official Self-Inking Rect. Stamp Seal (Over 5,000 Impressions) Seal (Over 5,000 Impressions) Seal (Over 5,000 Impressions) YOUR NAME YOUR NAME YOUR NAME Notary Public-State of Nevada Notary Public-State of Nevada APPT. NO. 123456 APPT NO 123456 APPT NO 123456 My Appt. Expires June 27, 2027 My Appt. Expires June 27, 2027 My Appt. Expires June 27, 2027 Notary Static Window Decal **Notary Static Window Decal** Notary Static Window Decal CHECK BOX TO SELECT CHECK BOX TO SELECT CHECK BOX TO SELECT CHECK BOX TO SELECT **OPTIONAL OFFICIAL NOTARY JOURNAL: ADDITIONAL ERRORS & OMISSIONS COVERAGE:** Additional 4 Year \$5,000 E & O: \$25.00 Official Notary Public Journal (Soft Cover): 55.00 \$30.00 Additional 4 Year \$10,000 E & O: Additional 4 Year \$20,000 E & O: \$35.00 \$75.00 Additional 4 Year \$25,000 E & O: FORM OF PAYMENT OPTIONS: **REQUIRED INFORMATION:** Type or print the check or money order number: Full ship to address: __ Payable to: Nevada Notary "Discount" Association Co. Full residential address: Charge: _____Visa _____MC ____AM/EX _____Discover Name as commissioned: Commission expiration date: _____ Credit card number Exp. date Commission number: County of residence: _____

Signature of cardholder (Required for credit card purchases only)

GRAND TOTAL AMOUNT:

Daytime phone: ___

Email address: ___