

NOTARY SERVICE AND BONDING AGENCY, INC. Corporate Mailing Address: 550 Hulet Drive, Suite 105, Bloomfield Hills, MI 48302

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





	New or Renewal	New or Renewal	New or Renewal
	Notary	Notary	Notary
	Package	Package	Package
	Α	В	С
	\$118.00	\$138.00	\$158.00
INCLUDES: Self-Inking Rectangular Seal Stamp. NOTARY PUBLIC - STATE OF NEW YORK NO. 00-00000000 Qualified in Queens County My Commission Expires June 27, 2027		X	X
INCLUDES: \$10,000 Notary Errors & Omissions 4 Year Policy.	X	X	
INCLUDES: \$15,000 Notary			V
Errors & Omissions 4 Year Policy.			X
INCLUDES: \$25,000 Notary Errors & Omissions 4 Year Policy.			
SELECT A NEW OR RENEWAL NOTARY PACKAGE	SELECT A SHIPPING METH	IOD	
\$118.00 Notary Package A \$\square\$\$138.00 Notary Package B \$\square\$\$\$\$\$\$\$158.00 Notary Package C			
\$8.00 Standard Shipping \$16.00 FedEx Ground \$20.00 FedEx 3 Day \$25.00 FedEx 2 Day \$37.00 UPS Next Day			
Provide yourself with end-to-end product 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 4 YEAR POLICY			
\$100.00 \$10,000 Notary E&O 4 Year Policy			
\$120.00 \$15,000 Notary E&O 4 Year Policy			
\$140.00 \$25,000 Notary E&O 4 Year Policy			
COMPLETE MANDATORY INFORMATION			
Name As Commissioned:			
New Notary			
Renewal Notary - Renewal Notary Indicate Your Commission Expiration Date (MM/DD/YYYY):			
Renewal Notary Indicate Your Commission Number:			
Renewal Notary Indicate Your County Commissioned In:			
Daytime Phone: Email Address:			
Note: P.O. Boxes Are Not Accepted:			
Residence Address:			
City: State: Zip Code: Residence County:			
*If Applicable:			
*Ship To Address:			
*Ship To City:		_*Ship To State:*Ship	To Zip Code:
COMPLETE PAYMENT METHOD VIA CREDIT CARD O	R CHECK		
Pay by Visa, MasterCard, American Express or Discover:		Pay by Check:	
CC Number:		Check Payable to: Notary Service	ce and Bonding Agency, Inc.
CC Expiration Date (MM/YY):		Check Number:	
CVV Code:			
Cardholder Name:			
Signature of Cardholder: X		TOTAL AMOUNT: \$	
signature of Cardnolder: A		TOTAL AMOUNT	









