

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

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





	New or Renewal	New or Renewal	New or Renewal
SELECT THE NOTARY PACKAGE THAT'S RIGHT FOR YOU.	Notary Package A	Notary Package B	Notary Package C
	\$118.00	\$138.00	\$158.00
Rectangular Self-Inking Seal Stamp. JOHN DOE NOTARY PUBLIC - STATE OF NEW YORK NO. 00-00000000 Qualified in Queens County My Commission Expires June 27, 2027	V	V	V
4 Year Toll-Free Hotline Notary Support.	✓	V	V
New York 4 Year \$10,000 E&O Insurance.	✓		
New York 4 Year \$15,000 E&O Insurance.		V	
New York 4 Year \$25,000 E&O Insurance.			V
NEW OR RENEWAL NOTARY PACKAGES			
\$118.00 Notary Package A \$138.00 Notary Package B \$158.00 Notary Package C			
SHIPPING (*TRACKABLE)			
\$8.00 Standard Shipping & Handling \$\infty\$\$16.00 *FedEx Ground \$\infty\$\$\$20.00 *FedEx 3 Day \$\infty\$\$\$25.00 *FedEx 2 Day \$\infty\$\$\$37.00 *UPS Next Day			
ADDITIONAL NOTARY E&O 4 YEAR INSURANCE			
\$100.00 \$10,000 Notary E&O 4 Year Insurance \$120.00 \$15,000 Notary E&O 4 Year Insurance \$140.00 \$25,000 Notary E&O 4 Year Insurance			
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 T	o Zip Code:
PAYMENT OPTIONS		SUMMARY OF TOTALS	
Check/Money Order (make payable to: Notary Service	and Bonding Agency, Inc.)	NOTABY BOND BAOKAGE	•
Check Number (on upper right side of check):		NOTARY BOND PACKAGE:	3
□ Visa □ MasterCard □ American Express □ Discover		ADDITIONAL E&O INSURANCI	E: \$
CC Number: _ _ _ _ _ _ _ _ _		SUPPLIES (ON BACK PAGE):	\$
CC Expiration Date (MM/YY): CVV Code:		CUIDDING.	
Cardholder Name:		SHIPPING:	3
Billing Address:		CDAND TOTAL	•
City: State:	7in Code:	GRAND TOTAL:	>









