



# Notary Service and Bonding Agency, Inc.

“Serving over a million notaries nationwide since 1940”

Attn: Ohio Notary Processing Dept.  
550 Hulet Drive, Suite 105  
Bloomfield Hills, MI 48302

Toll Free: (800) 366 - 8279  
Email: info@notarybonding.com

Fax: (800) 637 - 5992  
Website: notarybonding.com

<p><b>BASIC LOW COST</b></p>  <p><b>NEW OR RENEWAL NOTARY PACKAGE “A”</b></p> <p><b>\$55.00</b></p> <p><b>PACKAGE INCLUDES:</b> \$5,000 Notary Errors &amp; Omissions 5 Year Policy</p> <p>Self-Inking Rectangular Official Stamp Seal (5,000 Impressions)</p> 	<p><b>STANDARD LOW COST</b></p>  <p><b>NEW OR RENEWAL NOTARY PACKAGE “B”</b></p> <p><b>\$64.00</b></p> <p><b>PACKAGE INCLUDES:</b> \$5,000 Notary Errors &amp; Omissions 5 Year Policy</p> <p>Official Notary Public Journal (Soft Cover)</p> <p>Self-Inking Rectangular Official Stamp Seal (5,000 Impressions)</p> 	<p><b>DELUXE LOW COST</b></p>  <p><b>NEW OR RENEWAL NOTARY PACKAGE “C”</b></p> <p><b>\$89.00</b></p> <p><b>PACKAGE INCLUDES:</b> \$10,000 Notary Errors &amp; Omissions 5 Year Policy</p> <p>Official Notary Public Journal (Soft Cover)</p> <p>Self-Inking Rectangular Official Stamp Seal (5,000 Impressions)</p> 	<p><b>ELITE LOW COST</b></p>  <p><b>NEW OR RENEWAL NOTARY PACKAGE “D”</b></p> <p><b>\$120.00</b></p> <p><b>PACKAGE INCLUDES:</b> \$25,000 Notary Errors &amp; Omissions 5 Year Policy</p> <p>Official Notary Public Journal (Soft Cover)</p> <p>Self-Inking Rectangular Official Stamp Seal (5,000 Impressions)</p> 
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## OHIO LOW COST **NEW OR RENEWAL** NOTARY PACKAGE ORDER FORM:

### SELECT YOUR NOTARY PACKAGE:

- Basic Notary Package “A”  **\$55.00**
- Standard Notary Package “B”  **\$64.00**
- Deluxe Notary Package “C”  **\$89.00**
- Elite Notary Package “D”  **\$120.00**

GRAND TOTAL AMOUNT: \$ \_\_\_\_\_

### FORM OF PAYMENT OPTIONS:

Type or print the check or money order number below:

# \_\_\_\_\_

Payable to: **Notary Service and Bonding Agency, Inc.**

OR

Charge: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AM/EX \_\_\_ Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

X

Signature of Cardholder (Required for Credit Card Purchases)

### REQUIRED INFORMATION:

Name as Commissioned: \_\_\_\_\_

County Commissioned In: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

Mailing Address (Address, City, State & Zip Code): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_