



Notary Service and Bonding Agency, Inc.

“Serving over a million notaries nationwide since 1940”

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Bloomfield Hills, MI 48302

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Email: info@notarybonding.com

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Web: notarybonding.com

<p>“BASIC” LOW COST</p>  <p>NEW OR RENEWAL NOTARY PACKAGE “A”</p> <p>\$47.00</p> <p>PACKAGE INCLUDES: \$5,000 Errors & Omissions “4” Year Insurance Policy Self-Inking Rectangular Official Stamp Seal (Over 5,000 Impressions)</p>  <p>Toll Free Telephone and Email Support</p>	<p>“STANDARD” LOW COST</p>  <p>NEW OR RENEWAL NOTARY PACKAGE “B”</p> <p>\$57.00</p> <p>PACKAGE INCLUDES: \$5,000 Errors & Omissions “4” Year Insurance Policy Self-Inking Rectangular Official Stamp Seal (Over 5,000 Impressions)</p>  <p>Official Notary Public Journal (Soft Cover)</p> <p>Toll Free Telephone and Email Support</p>	<p>“DELUXE” LOW COST</p>  <p>NEW OR RENEWAL NOTARY PACKAGE “C”</p> <p>\$77.00</p> <p>PACKAGE INCLUDES: \$10,000 Errors & Omissions “4” Year Insurance Policy Self-Inking Rectangular Official Stamp Seal (Over 5,000 Impressions)</p>  <p>Official Notary Public Journal (Soft Cover)</p> <p>Toll Free Telephone and Email Support</p>	<p>“ELITE” LOW COST</p>  <p>NEW OR RENEWAL NOTARY PACKAGE “D”</p> <p>\$102.00</p> <p>PACKAGE INCLUDES: \$25,000 Errors & Omissions “4” Year Insurance Policy Self-Inking Rectangular Official Stamp Seal (Over 5,000 Impressions)</p>  <p>Official Notary Public Journal (Soft Cover)</p> <p>Toll Free Telephone and Email Support</p>
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OREGON LOW COST **NEW OR RENEWAL** NOTARY PACKAGE ORDER FORM:

SELECT YOUR NOTARY PACKAGE:

- “BASIC” NOTARY PACKAGE “A” **\$47.00**
- “STANDARD” NOTARY PACKAGE “B” **\$57.00**
- “DELUXE” NOTARY PACKAGE “C” **\$77.00**
- “ELITE” NOTARY PACKAGE “D” **\$102.00**

GRAND TOTAL AMOUNT: \$ _____

FORM OF PAYMENT OPTIONS:

TYPE OR PRINT THE CHECK OR MONEY ORDER NUMBER:

PAYABLE TO: **NOTARY SERVICE AND BONDING AGENCY, INC.**

CHARGE: ___VISA ___MATERCARD ___AM/EX ___DISCOVER

CREDIT CARD NUMBER

EXPIRATION DATE

X _____
SIGNATURE OF CARDHOLDER (REQUIRED FOR CREDIT CARD PURCHASES)

REQUIRED INFORMATION:

NAME AS COMMISSIONED: _____

COMMISSION OR REGISTRATION NUMBER: _____

COMMISSION EXPIRATION DATE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____