



NOTARYBONDING.COM

Serving Over A Million Notaries Nationally Since 1940

Notary Association of Pennsylvania, Co.
6059 Allentown Blvd., #903
Harrisburg, PA 17112

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

Pennsylvania Low Cost New or Renewal Notary Bond Package Order Form:

Standard	Deluxe	Elite	E & O Insurance
Low Cost New or Renewal Complete Service Notary Bond Package “A”	Low Cost New or Renewal Complete Service Notary Bond Package “B”	Low Cost New or Renewal Complete Service Notary Bond Package “C”	Protect Yourself with 4 Year Notary Errors & Omissions Insurance
\$ 114.90	\$ 141.90	\$ 151.90	
<u>Package Includes:</u> Required \$ 10,000 Notary Public 4 Year Bond. Notary Bond Premium of \$ 23.00 includes a 4 Year \$ 3,000 Errors & Omissions Policy. State Filing Fee of \$ 40.00 is already included in this package price. Notary Public Window Decal. Official Self-Inking Rectangular Stamp Seal (5,000 Impressions).	<u>Package Includes:</u> Required \$ 10,000 Notary Public 4 Year Bond. Notary Bond Premium of \$ 50.00 includes a 4 Year \$ 13,000 Errors & Omissions Policy. State Filing Fee of \$ 40.00 is already included in this package price. Notary Public Window Decal. Official Self-Inking Rectangular Stamp Seal (5,000 Impressions).	<u>Package Includes:</u> Required \$ 10,000 Notary Public 4 Year Bond. Notary Bond Premium of \$ 60.00 includes a 4 Year \$ 23,000 Errors & Omissions Policy. State Filing Fee of \$ 40.00 is already included in this package price. Notary Public Window Decal. Official Self-Inking Rectangular Stamp Seal (5,000 Impressions).	Additional \$ 5,000 Notary Errors & Omissions 4 Year Policy: \$ 30.00 Additional \$ 10,000 Notary Errors & Omissions 4 Year Policy: \$ 50.00 Additional \$ 25,000 Notary Errors & Omissions 4 Year Policy: \$ 75.00
<small>COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL DANIEL R. DOE, NOTARY PUBLIC CITY OF SCRANTON, LACKAWANNA COUNTY MY COMMISSION EXPIRES JUNE 27, 2027</small>	<small>COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL DANIEL R. DOE, NOTARY PUBLIC CITY OF SCRANTON, LACKAWANNA COUNTY MY COMMISSION EXPIRES JUNE 27, 2027</small>	<small>COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL DANIEL R. DOE, NOTARY PUBLIC CITY OF SCRANTON, LACKAWANNA COUNTY MY COMMISSION EXPIRES JUNE 27, 2027</small>	

Select Your Notary Bond Package:

Standard Notary Bond Package “A” **\$ 114.90**

Deluxe Notary Bond Package “B” **\$ 141.90**

Elite Notary Bond Package “C” **\$ 151.90**

State Required Official Notary Public Journal:

Official Notary Journal (Soft Cover) **\$ 7.00**

Additional Errors & Omissions Policy:

\$5,000 Notary 4 Year E & O Policy **\$ 30.00**

\$10,000 Notary 4 Year E & O Policy **\$ 50.00**

\$25,000 Notary 4 Year E & O Policy **\$ 75.00**

Additional Second Stamp:

Official Self-Inking Rect. Stamp Seal **\$ 18.95**

Required Contact Information:

Email: _____

Daytime Phone: _____

Payment Options:

Check or money order number: _____

Payable to: Notary Association of Pennsylvania, Co.

Charge My:

Visa MasterCard

American Express Discover

Credit Card Number _____

Expiration Date

X _____

Signature of Cardholder (Required for Credit Card Purchases)

Shipping & Handling Add: **\$ 5.00**

Grand Total Amount: \$ _____

PENNSYLVANIA 01/2016

Important: Please be advised that you must also complete the required Pennsylvania information order form.

Required Pennsylvania Information Order Form:



Important: Please be advised that all applicants must complete section 1 and section 2 below and return it with their complete service new or renewal notary bond package order form and state notary public application. Please type or print legibly on the form. We strongly recommend that you double-check the form before sending it to us. Information order forms not completed correctly will delay processing time. Thank you.

Section 1

You may know the name of your post office, but your municipality does not necessarily go by the same name. **We must have the correct municipality name to make your official stamp seal.** Verify this information, if necessary, with your local voter registration office or tax collector.

My office is in the: Township: Borough: City:
Of: _____

County Of: _____

My home is in the: Township: Borough: City:
Of: _____

County Of: _____

Please print or type your name at the **X** _____

Section 2

Office Street Address: Include business name, and type of business if applicable. If the address includes a post office box or rural delivery route box, please complete the *physical location of office field below. Then, please furnish your complete office address again.

Business Name: _____

Type of Business: _____

Street & Number: _____

Building: _____

Room or Suite Number: _____

City: _____

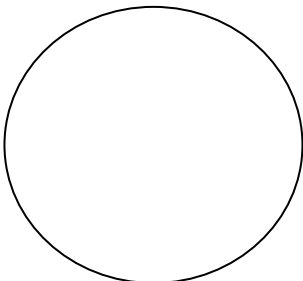
Zip Code: _____

*Physical Location of Office (If Applicable): _____

Home Street Address: If address includes a post office box or rural delivery route, indicate below:

Address: _____

City, State & Zip Code: _____



Squeeze embossing seal in circle above. (If available)



Place imprint of official stamp seal above.