



# Utah Notary "Discount" Association

"Serving over a million notaries nationwide since 1940"

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Bloomfield Hills, MI 48302

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<p><b>"BASIC" LOW COST</b></p>  <p><b>NEW OR RENEWAL NOTARY BOND PACKAGE "A"</b></p> <p><b>\$50.00</b></p> <p><b>PACKAGE INCLUDES:</b> Required \$5,000 Notary Public "4" Year Bond \$5,000 Errors &amp; Omissions "4" Year Insurance Policy Notary Static Window Decal</p>	<p><b>"STANDARD" LOW COST</b></p>  <p><b>NEW OR RENEWAL NOTARY BOND PACKAGE "B"</b></p> <p><b>\$96.00</b></p> <p><b>PACKAGE INCLUDES:</b> Required \$5,000 Notary Public "4" Year Bond \$10,000 Errors &amp; Omissions "4" Year Insurance Policy Official Self-Inking Round Stamp Seal (Over 5,000 Imp.)</p>  <p>Notary Static Window Decal</p>	<p><b>"DELUXE" LOW COST</b></p>  <p><b>NEW OR RENEWAL NOTARY BOND PACKAGE "C"</b></p> <p><b>\$116.00</b></p> <p><b>PACKAGE INCLUDES:</b> Required \$5,000 Notary Public "4" Year Bond \$15,000 Errors &amp; Omissions "4" Year Insurance Policy Official Self-Inking Round Stamp Seal (Over 5,000 Imp.)</p>  <p>Notary Static Window Decal</p>	<p><b>"ELITE" LOW COST</b></p>  <p><b>NEW OR RENEWAL NOTARY BOND PACKAGE "D"</b></p> <p><b>\$141.00</b></p> <p><b>PACKAGE INCLUDES:</b> Required \$5,000 Notary Public "4" Year Bond \$30,000 Errors &amp; Omissions "4" Year Insurance Policy Official Self-Inking Round Stamp Seal (Over 5,000 Imp.)</p>  <p>Notary Static Window Decal</p>
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## UTAH LOW COST NEW OR RENEWAL NOTARY BOND PACKAGE ORDER FORM:

### OPTIONAL OFFICIAL NOTARY JOURNAL:

OFFICIAL NOTARY PUBLIC JOURNAL (SOFT COVER)  
 **\$5.00**

### SELECT YOUR NOTARY BOND PACKAGE:

- "BASIC" NOTARY PACKAGE "A"  **\$50.00**
- "STANDARD" NOTARY PACKAGE "B"  **\$96.00**
- "DELUXE" NOTARY PACKAGE "C"  **\$116.00**
- "ELITE" NOTARY PACKAGE "D"  **\$141.00**

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

### FORM OF PAYMENT OPTIONS:

TYPE OR PRINT THE CHECK OR MONEY ORDER NUMBER:  
# \_\_\_\_\_

PAYABLE TO: **UTAH NOTARY "DISCOUNT" ASSOCIATION**

CHARGE:  VISA  MASTERCARD  AM/EX  DISCOVER

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**X** \_\_\_\_\_  
SIGNATURE OF CARDHOLDER (REQUIRED FOR CREDIT CARD PURCHASES)

### REQUIRED INFORMATION:

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

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

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

Commission or Registration Number: \_\_\_\_\_

County or Parish Commissioned In: \_\_\_\_\_