WASHINGTON NOTARY ASSOCIATION CO.



Corporate Mailing Address: 550 Hulet Drive, Suite 105, Bloomfield Hills, MI 48302

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





	New or Renewal Basic Package \$50.00	New or Renewal Standard Package \$69.00	New or Renewal Deluxe Package \$94.00	New or Renewal Elite Package \$109.00	New or Renewal Superior Package \$129.00	
INCLUDES: \$10,000 Notary Public 4 Year Bond.	Х	Х	X	X	Χ	
INCLUDES: Official Self-Inking Rectangular Seal Stamp. Notary Public State of Washington Commission #123456 My Commission #123458		Х	X	X	Х	
INCLUDES: \$5,000 Notary Errors & Omissions 4 Year Policy.	X	X				
INCLUDES: \$10,000 Notary Errors & Omissions 4 Year Policy.			Χ			
INCLUDES: \$15,000 Notary Errors & Omissions 4 Year Policy.				X		
INCLUDES: \$30,000 Notary					X	
Errors & Omissions 4 Year Policy. SELECT A NEW OR RENEWAL NOTARY BOND PACKAGE SELECT A SHIPPING METHOD						
\$8.00 Standard Shipping \$16.00 FedEx Ground \$20.00 FedEx 3 Day \$25.00 FedEx 2 Day \$37.00 UPS Next Day Trackable shipping with FedEx or UPS. FedEx and UPS options are only for stamps and/or embossers. All other products will be shipped standard mail. Mandatory: Required by law you MUST provide a copy of your certificate of appointment to order an official seal stamp(s) and or an official seal embosser(s). If mailed, please include a copy with this order form or fax it to 1-800-637-5992 or email it to statenotice@notarybonding.com. ADDITIONAL NOTARY ERRORS & OMISSIONS 4 YEAR POLICY \$25.00 \$5,000 Notary E&O 4 Year Policy \$40.00 \$10,000 Notary E&O 4 Year Policy 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: Daytime Phone: Email Address: Note: P.O. Boxes Are Not Accepted:						
Residence Address: State: Zip Code: Residence County:						
*If Applicable: *Ship To Address:		·				
*Ship To City:		* <u>\$</u>	Ship To State:	*Ship To Zip Cod	e:	
COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK Pay by Visa, MasterCard, American Express or Discover: Pay by Check:						
CC Number:			Pay by Check: Check Payable to: Washington Notary Association Co.			
CC Expiration Date (MM/YY):	, , , , , , , , , , , , , , , , , , , ,					
CVV Code:		OI				
Cardholder Name:						
Signature of Cardholder: X			OTAL AMOUN	OUNT: \$		









