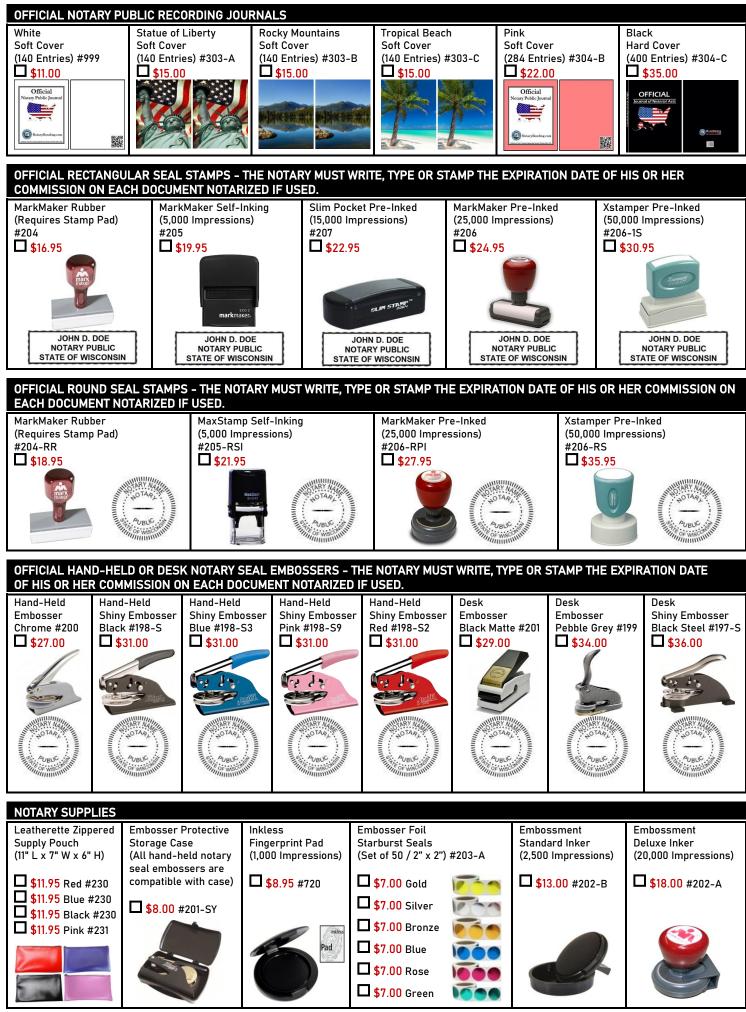
WISCONSIN NOTARY "DISCOUNT" ASSOCIATION					WISCONSIN	
Corporate Mailing Address: 550 Hulet Drive, Suite 105, Bloomfield Hills, MI 48302 Phone: 1-800-366-8279						
Phone: 1-800-3-NOTARY Fax: 1-800-637-5992						
Email: info@notarybonding.com 1848						
	New or	New or	New or Renewal	New or Renewal	New or Renewal	
	Renewal Basic	Renewal Standard	Deluxe	Elite	Superior	
	Package	Package	Package	Package	Package	
	\$30.00	\$49.00	\$79.00	\$99.00	\$124.00	
INCLUDES: \$500.00 Notary Public 4 Year Bond.	X	X	X	X	X	
INCLUDES: Official						
Self-Inking Rectangular		X	X	X	Х	
Seal Stamp. STATE OF WISCONSIN						
INCLUDES: \$5,000 Notary Errors & Omissions 4 Year Policy.	X	X				
INCLUDES: \$10,000 Notary Errors & Omissions 4 Year Policy.			X			
INCLUDES: \$15,000 Notary				V		
Errors & Omissions 4 Year Policy.				X		
INCLUDES: \$30,000 Notary Errors & Omissions 4 Year Policy.					X	
SELECT A NEW OR RENEWAL NOTARY BOND PACKAGE SELECT A SHIPPING METHOD						
standard Package standard Package \$79.00 Deluxe Package \$99.00 Elite Package \$124.00 Superior Package						
➡ □\$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.						
ADDITIONAL NOTARY ERRORS & OMISSIONS 4 YEAR POLICY \$30.00 \$5,000 Notary E&O 4 Year Policy						
\$50.00 \$10,000 Notary E&O 4 Year Policy						
State (15,00 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):						
Daytime Phone:						
Email Address:						
Note: P.O. Boxes Are Not Accepted:						
Residence Address:						
City: State: Zip Code: Residence County:						
*If Applicable:						
*Ship To Address: *Ship To City:				*Shin To Zin Code	e:	
COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK						
Pay by Visa, MasterCard, American Express or Discover: Pay by Check:						
CC Number: CC Num					unt" Association	
CC Expiration Date (MM/YY): 1111			neck Number:	-		
CVV Code:						
Cardholder Name:						
Signature of Cardholder: X			OTAL AMOUN	Г: \$		

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Page 2 of 2 - Wisconsin 03/2022