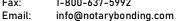


## **NOTARY SERVICE AND BONDING INSURANCE AGENCY**

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 \$89.00	New or Renewal Deluxe Package \$104.00	New or Renewal Elite Package \$144.00	New or Renewal Superior Package \$294.00	
INCLUDES: \$15,000 Notary Public 4 Year Bond.	X	X	X	X	X	
INCLUDES: Official Self-Inking Rectangular Seal Stamp.  NAME COMM. # (NUMBER) = NAME ALAMEDA COUNTY My Corm. Exp. (DATE)  markmaner.		X	X	X	X	
INCLUDES: \$5,000 Notary Errors & Omissions 4 Year Policy.		X				
INCLUDES: \$10,000 Notary Errors & Omissions 4 Year Policy.			X			
INCLUDES: \$15,000 Notary Errors & Omissions 4 Year Policy.				X		
INCLUDES: \$25,000 Notary Errors & Omissions 4 Year Policy.					Χ	
SELECT A NEW OR RENEWAL NOTARY BOND PACKAGE   SELECT A SHIPPING METHOD						
■ □\$50.00 Basic Package □\$89.00 Standard Package □\$104.00 Deluxe Package □\$144.00 Elite Package □\$294.00 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.						
Mandatory: To process your order you must also include your "ORIGINAL" certificate of authorization issued by the California Secretary of State.  No faxes or photocopies are accepted. If you want to order more than one official seal stamp or official seal embosser, the certificate of authorization must authorize as such. Thank you.						
ADDITIONAL NOTARY ERRORS & OMISSIONS 4 YEAR POLICY						
\$20.00 \$5,000 E&O 4 Year Policy \$35.00 \$10,000 E&O 4 Year Policy \$75.00 \$15,000 E&O 4 Year Policy \$225.00 \$25,000 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:						
Renewal Notary Indicate County Commissioned In:						
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:		*S	hip To State:	*Ship To Zip Code	P:	
COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK						
Pay by Visa, MasterCard, American Express or Disc	over:	Pa	Pay by Check:			
CC Number:						
CC Expiration Date (MM/YY):                 Check Number:						
CVV Code:						
Cardholder Name:						
Signature of Cardholder: X		T(	TOTAL AMOUNT: \$			











