

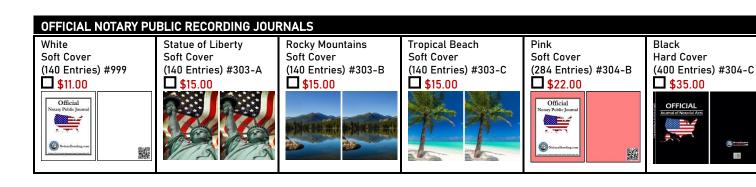
NOTARY SERVICE AND BONDING AGENCY, INC. Corporate Mailing Address: 550 Hulet Drive, Suite 105, Bloomfield Hills, MI 48302

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

Email: info@notarybonding.com



	New or Renewal	New or Renewal	New or Renewal
SELECT THE NOTARY	Notary Package	Notary Package	Notary Package
PACKAGE THAT'S	A	B	C
RIGHT FOR YOU.	# / O OO	# /0.00	¢02.00
	\$48.00	\$68.00	\$93.00
Official Rectangular Self-Inking Seal Stamp.			
NOTARY PUBLIC Fulton County State of Georgia My Comm. Expires June 27, 2027	V	 ✓	V
4 Year Toll-Free Hotline Notary Support.	V	V	✓
Georgia 4 Year \$5,000 E&O Insurance.	✓		
Georgia 4 Year \$10,000 E&O Insurance.		V	
Georgia 4 Year \$25,000 E&O Insurance.			✓
NEW OR RENEWAL NOTARY PACKAGES			
\$48.00 Notary Package A \$68.00 Notary Package	B \$93.00 Notary Package (
SHIPPING (*TRACKABLE) \$\instyle=\frac{\\$8.00}{\\$8.00}\$ Standard Shipping & Handling \$\instyle=\frac{\\$16.00}{\\$7.00}\$ *FedEx Ground \$\instyle=\frac{\\$20.00}{\\$7.00}\$ *FedEx 3 Day \$\instyle=\frac{\\$25.00}{\\$7.00}\$ *FedEx 2 Day \$\instyle=\frac{\\$37.00}{\\$7.00}\$ *UPS Next Day			
	Ground □\$20.00 *FedEx 3	Day LI\$25.00 *FedEx 2 Day LI	\$37.00 *UPS Next Day
ADDITIONAL NOTARY E&O 4 YEAR INSURANCE \$30.00 \$5,000 Notary E&O 4 Year Insurance \$50.00	0 \$10.000 Notary F&O 4 Year In	surance 575.00 \$25.000 Notar	ry F&O 4 Year Insurance
COMPLETE MANDATORY INFORMATION			
Name As Commissioned:			
☐ New Notary			
Renewal Notary - Renewal Notary Indicate Your Comi	mission Expiration Date (MM/D	D/YYYY):	
Renewal Notary Indicate Your County Commissioned In:			
Daytime Phone:			
Email Address:			
Note: P.O. Boxes Are Not Accepted: Residence Address: _			
City:	State: Zip Coo	de:Residence County: _	
*If Applicable: *Ship To Address:			
*Ship To City:		_*Ship To State:*Ship To	o Zip Code:
PAYMENT OPTIONS		SUMMARY OF TOTALS	
Check/Money Order (make payable to: Notary Service and Bonding Agency, Inc.)		NOTARY BOND PACKAGE:	\$
Check Number (on upper right side of check):		ADDITIONAL E&O INSURANCE	Ε. (*
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover		ADDITIONAL EQU INSURANCE	E. J
CC Number: _ _ _ _ _ _ _ _ _		SUPPLIES (ON BACK PAGE):	\$
CC Expiration Date (MM/YY):		SHIPPING:	\$
Cardholder Name:			
Dilling Address:			
City: State: _		GRAND TOTAL:	\$



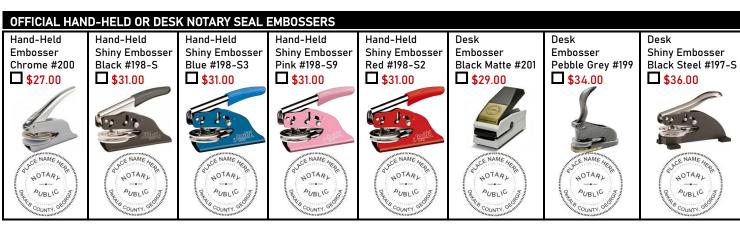


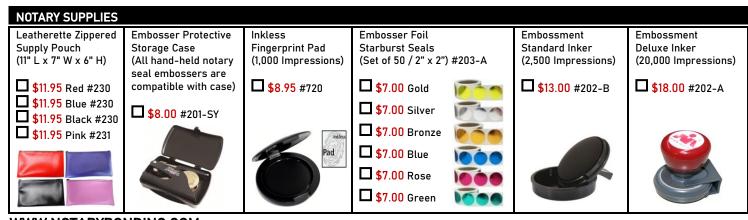
Slim Pocket Pre-Inked

MarkMaker Pre-Inked

Xstamper Pre-Inked







OFFICIAL RECTANGULAR SEAL STAMPS

MarkMaker Self-Inking

MarkMaker Rubber