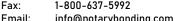


NOTARY SERVICE AND BONDING AGENCY, INC. Corporate Mailing Address: 550 Hulet Drive, Suite 105, Bloomfield Hills, MI 48302

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





	New or Renewal	New or Renewal	New or Renewal
	Notary	Notary	Notary
	Package	Package	Package
	A	B	C
			400.00
	\$48.00	\$68.00	\$93.00
INCLUDES: Official Self-Inking JONATHAN T. DOE			
Self-Inking Rectangular Seal Stamp. JONATHAN T. DOE NOTARY PUBLIC Fulton County State of Georgia My Comm. Expires June 27, 2027		X	X
INCLUDES: \$5,000 Notary Errors & Omissions 4 Year Policy.	X	X	
INCLUDES: \$10,000 Notary Errors & Omissions 4 Year Policy.			Χ
INCLUDES: \$25,000 Notary			
Errors & Omissions 4 Year Policy.			
SELECT A NEW OR RENEWAL NOTARY PACKAGE			
□\$48.00 Notary Package A □\$68.00 Notary Package B □\$93.00 Notary Package C			
\$8.00 Standard Shipping \$16.00 FedEx Ground \$20.00 FedEx 3 Day \$25.00 FedEx 2 Day \$37.00 UPS Next Day Provide yourself with end-to-end product 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	R POLICY		
\$30.00 \$5,000 Notary E&O 4 Year Policy			
\$50.00 \$10,000 Notary E&O 4 Year Policy			
\$75.00 \$25,000 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 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:			To Zin Code:
COMPLETE PAYMENT METHOD VIA CREDIT CARD 0			7 TO 21p GGde
Pay by Visa, MasterCard, American Express or Discover:		Pay by Check:	
CC Number:		Check Payable to: Notary Servi	ce and Ronding Agency Inc
	_!!	Check Number:	
CC Expiration Date (MM/YY):		Check Number:	!!
CVV Code:			
Cardholder Name:		TOTAL AMOUNT #	
Signature of Cardholder: X		TOTAL AMOUNT: \$	

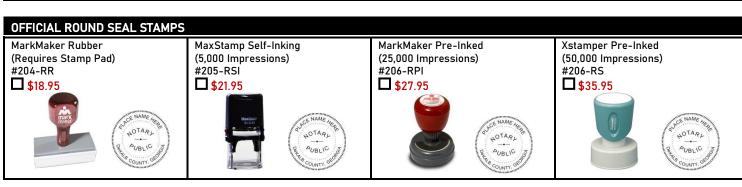


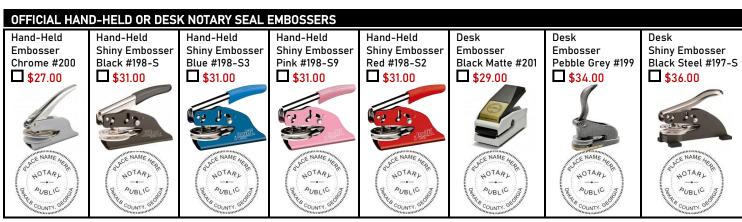
Slim Pocket Pre-Inked



MarkMaker Pre-Inked

Xstamper Pre-Inked







MarkMaker Rubber

MarkMaker Self-Inking