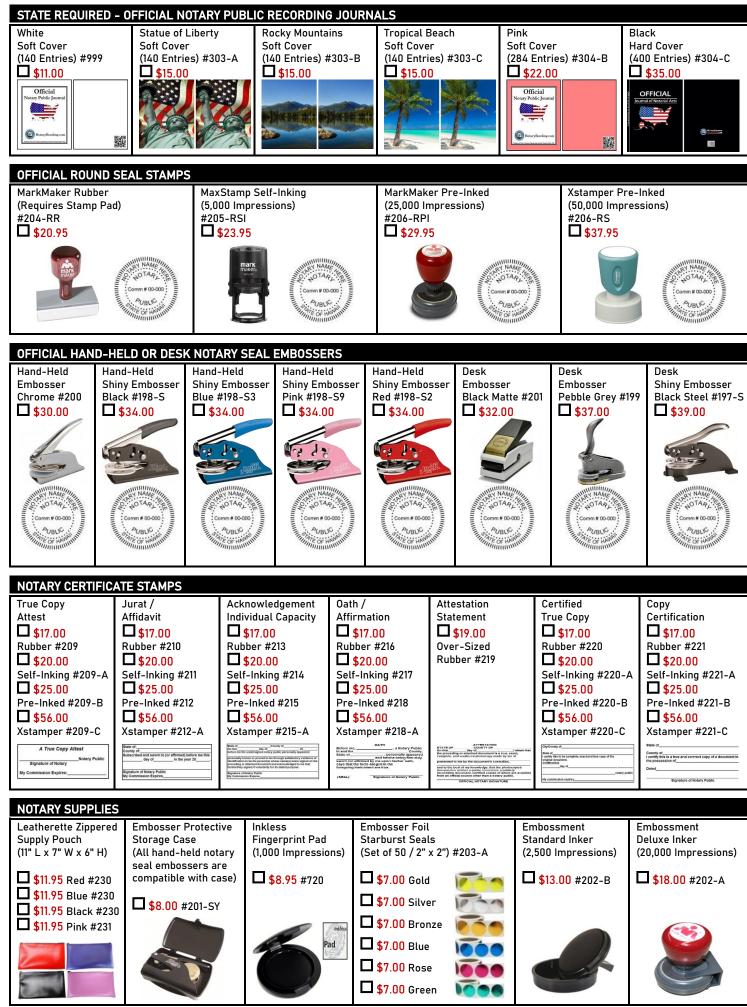
HAWAII NOTARY "DISCOUNT" ASSOCIATION CO. Corporate Mailing Address: 550 Hulet Drive, Suite 105, Bloomfield Hills, MI 48302					
Phone: 1-800-366-8279		eta mitis, Mi 40302		1	
Phone: 1-800-3-NOTARY					
Fax: 1-800-637-5992 Email: info@notarybonding.com					
	New or Renewal	New or Renewal	New or Renewal	New or Renewal	
	Basic	Standard	Deluxe	Elite	
	Package	Package	Package	Package	
	\$53.00	\$103.00	\$123.00	\$148.00	
INCLUDES: \$1,000 Notary Public 4 Year Bond.	X	X	X	X	
INCLUDES: Official					
Self-Inking		Х	V	X	
Round Seal Stamp.		^	X	^	
INCLUDES: \$5,000 Notary					
Errors & Omissions 4 Year Policy.		X			
INCLUDES: \$10,000 Notary Errors & Omissions 4 Year Policy.			X		
INCLUDES: \$25,000 Notary					
Errors & Omissions 4 Year Policy.				X	
SELECT A NEW OR RENEWAL NOTARY BOND PACKAGE SELECT A SHIPPING METHOD					
\$53.00 Basic Package \$103.00 Standard Package \$123.00 Deluxe Package \$148.00 Elite Package					
\$8.00 Standard Shipping \$16.00 FedEx Ground \$20.00 FedEx 3 Day \$25.00 FedEx 2 Day					
Provide yourself with end-to-end product trackable shipping with FedEx. FedEx 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 □\$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 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:		*Ship To State: _	*Ship To Zip Co	ode:	
COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK					
Pay by Visa, MasterCard, American Express or Discover:	Pay by Check:				
CC Number:			Check Payable to: Hawaii Notary "Discount" Association Co.		
CC Expiration Date (MM/YY):		Check Number:		!!	
CVV Code:					
Cardholder Name:			_		
Signature of Cardholder: X		TOTAL AMO)UNT: \$		

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