## ILLINOIS NOTARY "DISCOUNT" BONDING CO.



3309 Robbins Road, #316, Springfield, IL 62704

Phone: 1-800-366-8279
Phone: 1-800-3-NOTARY
Fax: 1-800-637-5992
Email: info@notarybonding.com



New or New or New or New or New or New or Renewal Renewal Renewal Renewal Renewal Renewal **Economy** Basic Standard Deluxe Elite **Ultimate Package Package** Package **Package** Package Package \$35.00 \$53.00 **\$7**3.00 \$81.00 \$97.00 **\$**112.00 **INCLUDES: \$5.000** X X X X Notary Public 4 Year Bond. **INCLUDES:** Secretary of State X X X Application Filing Fee of \$15.00. **INCLUDES: Official** Self-Inking OFFICIAL SEAL X X X JOHN SAMPLE DOE Rectangular | Seal Stamp. My Commission Expires 06/27/2027 **INCLUDES: \$6,000 Notary** X X Errors & Omissions 4 Year Policy. INCLUDES: \$11,000 Notary Errors & Omissions 4 Year Policy. INCLUDES: \$16,000 Notary Errors & Omissions 4 Year Policy. INCLUDES: \$21,000 Notary Errors & Omissions 4 Year Policy. INCLUDES: \$31,000 Notary X Errors & Omissions 4 Year Policy. SELECT A NEW OR RENEWAL NOTARY BOND PACKAGE | SELECT A SHIPPING METHOD Required \$\infty\$ \$35,00 Economy \$\infty\$\$53,00 Basic \$\infty\$\$73,00 Standard \$\infty\$\$81,00 Deluxe \$\infty\$\$97.00 Elite \$\infty\$\$112.00 Ultimate Required \$\infty \sumsymbol{1}\$8.00 Standard Ship \$\sumsymbol{1}\$16.00 \*FedEx Ground \$\sumsymbol{1}\$20.00 \*FedEx 3 Day \$\sumsymbol{1}\$25.00 \*FedEx 2 Day \$\sumsymbol{1}\$37.00 \*UPS Next Day \*Trackable shipping with FedEx or UPS. FedEx and UPS are only for stamps or seal embossers. **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 **COMPLETE MANDATORY INFORMATION** Full Name: Email: \_\_ Ship To Address: Ship To City: \_\_\_\_\_ Ship To State: \_\_\_\_\_ Ship To Zip Code: \_\_\_\_\_ Ship To County: \_\_\_ COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK Pay by Visa, MasterCard, American Express or Discover: Pay by Check: CC Number: \_\_\_\_\_ Check Payable to: Illinois Notary "Discount" Bonding Co. CC Expiration Date (MM/YY): |\_\_\_|\_\_| Cardholder Name: Signature of Cardholder: X \_\_\_ \* \* \* \* \* \* MANDATORY STATE OF ILLINOIS REQUIREMENT \* \* \* \* \* \* Include a legible photocopy of the front and back of your valid driver's license or state identification card. TOTAL AMOUNT: \$\_\_\_









