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

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

Fax:



	New or Renewal	New or Renewal	New or Renewal	New or Renewal	New or Renewal
		Standard	Deluxe	Elite	
	Economy Package	Package	Package	Package	Superior Package
	\$24.00	\$43.00	\$63.00	\$83.00	\$123.00
INCLUDES: \$10,000 Notary Public 6-7 Year Bond.	X	X	X	X	X
INCLUDES: Self-Inking Commission					
Expiration Date Stamp.		X	X	X	X
INCLUDES: \$10,000 Notary Errors & Omissions 6-7 Year Policy.	X	X			
INCLUDES: \$20,000 Notary Errors & Omissions 6-7 Year Policy.			X		
INCLUDES: \$30,000 Notary Errors & Omissions 6-7 Year Policy.				X	
INCLUDES: \$50,000 Notary Errors & Omissions 6-7 Year Policy.					Х
SELECT A NEW OR RENEWAL NOTARY BOND					
Required > \$24.00 Economy \$43.00 Standard \$63.00 Deluxe \$\$83.00 Elite \$\$123.00 Superior					
Required ==> 🔤 \$8.00 Standard Ship \$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 are only for stamps or seal embossers.					
OPTIONAL MICHIGAN EXPRESS NOTARY BOND SERVICE \$15.00 Receive your Michigan notary public bond via email in 1 business day or less.					
COMPLETE MANDATORY INFORMATION					
Commission name as it will appear on the documents you notarize:					
New Notary Renewal Notary - Commission Expiration Date: Month: Day: Day: Year:					
Residential Address:					
Residential City: Residential Zip Code: Residential County: Residential County:					
Ship To Address:					
Ship To City:				_ Ship To Zip Code: _	
*Non-Resident's of Michigan Provide Business Nam	e & Address:				
*Business Name:					
*Business Address:					
*Business City: *Business State: *Business Zip Code: *Business County:					
COMPLETE PAYMENT METHOD VIA CREDIT CARD OR CHECK					
Pay by Visa, MasterCard, American Express or Discover: Pay by Check:					
CC Number: IIIIIIIIII_					
CC Expiration Date (MM/YY): CVV Code: Check Number:					
Cardholder Name:					
Signature of Cardholder: X					
TOTAL AMOUNT: \$					
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