



# Aaron Notary Appointment Services, Inc.

"The Professional Florida Notary Public Appointment Company"

www.AaronNotary.com

P.O. Box 69-3002  
Miami, FL 33269-3002  
Phone: (305) 654-8887  
Fax: (305) 493-3339

## Notary Stamp & Additional Supplies Order Form

Self-Inking Rectangular Stamp (Black Case)	\$29.00	_____	Wood Stamp	\$19.00	_____
Self-Inking Round Stamp	\$35.00	_____	Pre-Inked Pocket Stamp	\$36.00	_____
Notary Public Journal	\$20.00	_____	Duplicate Notary Certificate	\$25.00	_____
Thumbprint Pad	\$15.00	_____	E-Notary Seal	\$25.00	_____
Embosser Seal	\$39.00	_____	Impression Inker for Embosser	\$25.00	_____
Desk Embosser Seal	\$36.00	_____	* Self-Inking Rectangular Stamp (*Case Colors Available)	\$35.00	_____

**\* SELF-INKING RECTANGULAR STAMP ONLY (CASE COLORS AVAILABLE) \$35.00**

RED    BLUE    FUCHSIA    PINK    PURPLE    GREEN    MINT

**TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_**

Mail check or Money order payable to Aaron Notary Appointment Svcs. Prices include shipping, handling & taxes.

**PLEASE NOTE: IF YOU ARE NOT BONDED THROUGH AARON NOTARY APPOINTMENT SERVICES, INC YOU MUST INCLUDE A COPY OF YOUR NOTARY COMMISSION CERTIFICATE ALONG WITH THE NOTARY STAMP ORDER FORM.**

To order a new or additional stamp, please complete the following:

Name: \_\_\_\_\_  
(As it appears on your commission)

Commission Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Mail, Fax or Email to:**

**Aaron Notary Appointment Services, Inc.**

**P.O. Box 69-3002 Miami, FL 33269-3002 | Fax (305) 493-3339 | Email: Info@AaronNotary.com**

### CREDIT CARD CHARGE AUTHORIZATION

I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MASTERCARD in the amount of \$ \_\_\_\_\_ for my Notary Supplies. By signing below, I agree to pay the above amount.

\_\_\_\_\_  
Name on Credit Card

\_\_\_\_\_  
Full Address (as listed on your Credit Card Bill including Zip Code)

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV2

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed