



## Invoice/Receipt

Copy of Notary Application filed with the Dept. of State, Notary Division.	<b>\$25.00</b>	_____
Copy of Bond filed with the Dept. of State, Notary Division.	<b>\$25.00</b>	_____
Copy of E&O Insurance Policy	<b>\$25.00</b>	_____

PLEASE CHECK ON YOUR SELECTION:

**STANDARD NOTARY** \_\_\_\_\_ **REMOTE ONLINE NOTARY** \_\_\_\_\_

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

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
 Sign as your name appears on your commission

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Print as your name appears on your commission

Commission Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**For your convenience please provide your email, it will be emailed to you within 10-15 business days upon receipt from the State.**

**PAYMENT OPTIONS:** CHECK  MONEY ORDER  CREDIT CARD

**Make your check or money order payable to Aaron Notary Appointment Services, Inc.**

**Mail to Aaron Notary Appointment Services, Inc. PO Box 69-3002 Miami, FL 33269-3002  
 Fax: (305) 493-3339 or Email: Info@AaronNotary.com**

Keep a copy of this Invoice/Receipt for your records.

I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MASTERCARD in the amount of \$ \_\_\_\_\_. 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 Code

\_\_\_\_\_  
 Authorized Signature Date Signed