



## Notary Stamp & Additional Supplies Order Form

<b>* Self-Inking Rectangular Stamp</b>	<b>\$20.00</b>	<input type="checkbox"/>		<b>Wood Stamp</b>	<b>\$15.00</b>	<input type="checkbox"/>
<b>Self-Inking Round Stamp</b>	<b>\$30.00</b>	<input type="checkbox"/>		<b>Pre Inked Pocket Stamp</b>	<b>\$36.00</b>	<input type="checkbox"/>
<b>Notary Public Journal</b>	<b>\$20.00</b>	<input type="checkbox"/>		<b>Duplicate Notary Certificate</b>	<b>\$25.00</b>	<input type="checkbox"/>
<b>Embosser Seal</b>	<b>\$36.00</b>	<input type="checkbox"/>	<b>PLUS</b> ➔	<b>Choose your Embosser Color:</b>	<b>\$6.00</b>	<input type="checkbox"/>
				<b>Pink</b> <input type="checkbox"/>	<b>Silver</b> <input type="checkbox"/>	<b>Blue</b> <input type="checkbox"/>
				<b>Red</b> <input type="checkbox"/>		

**\* FOR AN ADDITIONAL \$6 CHOOSE YOUR STAMP CASE COLOR SELF-INKING RECTANGULAR STAMP ONLY**

- RED**  
  **BLUE**  
  **FUCHSIA**  
  **PINK**  
  **PURPLE**  
  **GREEN**  
  **GRAY**

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

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

**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 | [Info@AaronNotary.com](mailto: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