



Since 1964



PO Box 940489  
Maitland, Florida 32794-0489

☎ : (800) 422-1555  
☎ : (800) 224-6368  
✉ : notaryhelp@notaries.com  
🌐 : www.notaries.com

## INDIANA NEW AND RENEWING NOTARY ORDER FORM

REQUIRED ITEMS DESCRIPTION (Meets/exceeds all requirements of Indiana Notary Law)	PRICE	SUBTOTAL
Notary Package: Includes Eight Year State Required \$5,000 Notary Bond, Customized Self-Inking Stamp (12 colors to choose from) and a Certificate Suitable for Framing. <b>Circle Stamp Color Choice:</b> <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Green <input type="checkbox"/> Mango <input type="checkbox"/> Lilac <input type="checkbox"/> Gray <input type="checkbox"/> Neon Pink <input type="checkbox"/> Neon Orange <input type="checkbox"/> Neon Green (If you do not choose a color for your stamp, you will receive gray)	\$85	\$85
<b>Recommended Errors &amp; Omissions Insurance Upgrade - Choose One</b>		+
\$10,000 Coverage	\$40.00	
\$15,000 Coverage	\$50.00	
\$20,000 Coverage	\$60.00	
\$25,000 Coverage	\$70.00	
\$30,000 Coverage	\$80.00	
\$50,000 Coverage	\$110.00	
\$100,000 Coverage	\$170.00	
<b>ADDITIONAL NOTARY TOOLS</b>		+
Customized Notary Embosser Seal (4 colors to choose from) <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Blue <input type="checkbox"/> Red <b>Circle Seal Color Choice</b> (If you do not choose a color, you will receive black) Black, Pink, Blue, & Red embossers match black, pink, blue and red customized self-inking notary stamps for a uniformed look.	\$35.00	
Record Keeping Journal for Notaries	\$15.00	\$15.00
Inkless Pocket-Sized Finger Printer to Compliment Journal	\$10.00	
Display Sign	\$6.00	
		+
Shipping & Handling	\$11.95	\$11.95
<i>All Customized Self-Inking Notary Stamps come with state required black ink. The choice of color is for the stamp casing only and not ink.</i>	<b>Amount Enclosed</b>	

Thank you for your interest in becoming a notary public. Our company has made the process simple. Because we are approved by the Indiana Secretary of State and Indiana Department of Insurance to file your application, we can promise fast turnaround and excellent customer service. Plus, your customized self-inking notary stamp is made in our own in-house stamp and seal division, ensuring a high quality product and timely delivery.

Should you require additional information, please call on us.

Sincerely,  
Derrick Huckleberry

1. All forms should be printed legibly.
2. Print your name and sign where indicated.
3. Total your order form and scan both forms to [info@notaries.com](mailto:info@notaries.com) or fax them to us at 1-800-224-6368.

or mail them to:

**Huckleberry Notary Bonding, Inc.**  
**Home Office Notary Processing**  
**P O Box 940489**  
**Maitland, FL 32794-0489**

4. In approximately 10 days you'll receive your notary bond information and instructions on how to complete the notary application process.



CHECK/MONEY ORDER               

CARD NUMBER:

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EXPIRATION DATE:

--	--	--	--

SECURITY CODE:

--	--	--	--	--	--

NAME ON CARD: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

DAYTIME PHONE NUMBER: (     ) -     -     EMAIL ADDRESS: \_\_\_\_\_

\*All prices are for a eight (8) Year notary term as required by law.

# INDIANA NEW OR RENEWING NOTARY APPLICATION

No need to mail. Just complete  
and fax with your order from to  
800-224-6368

**PLEASE PRINT NEATLY**

If renewing, mark this box:

Commission expires: \_\_\_/\_\_\_/\_\_\_

**Applicant Name:**

\_\_\_\_\_

First	Middle	Last	Suffix
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*This is how your name will appear on your notary commission and self-inking notary stamp.*

**Home Address:**

Street: \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Indiana Driver's License Number: \_\_\_\_\_

Last 4 digits of your Social Security Number: \_\_\_\_\_

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

**Company Address:**

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

Suite #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**Printed Name of Applicant** (Must Match Signature) \_\_\_\_\_