



NOTARY PUBLIC SUPPLIES ORDER FORM

The Akron Bar Association, your one-stop shop for everything Notary Public, offers the supplies listed below. You can place your order:

- Online at www.akronbar.org
- At the Akron Bar Association office
- By mail, at 57 S. Broadway St., Akron, OH 44308

Please make checks payable to Akron Bar Association. Hours M-F, 8:30 am – 5:00 pm.

Item A) Notary Public Embosser Seal
\$22.00 (Taxes, S&H included)



Item B) Self-Inking Seal & Name Stamp
\$24.00 (Taxes, S&H included)



John Doe
 Resident Summit County
 Notary Public, State of Ohio
 My Commission Expires - _____

Item C) Self-Inking Name Stamp
\$21.00 (Taxes, S&H included)



John Doe
 Resident Summit County
 Notary Public, State of Ohio
 My Commission Expires _____

Item D) Self-Inking Seal
\$23.50 (Taxes, S&H included)



Item E) Rubber Name Stamp
\$12.00 (Taxes, S&H included)



John Doe
 Resident Summit County
 Notary Public, State of Ohio
 My Commission Expires _____

Item F) Notary Journal
\$7.50 (Taxes, S&H included)



*****BUY MORE & SAVE WITH THESE COMBINATION DEALS!*****

Item G) Embosser Seal & Journal
\$28.00 (Taxes, S&H included)



Item H) Self-Inking Seal/Name Stamp & Journal
\$29.00 (Taxes, S&H included)



ORDER FORM

Item	Description	Qty.	Price	Total
A	Notary Public Embosser Seal	_____	\$22.00	\$
B	Self-Inking Seal & Name Stamp	_____	\$24.00	\$
C	Self-Inking Name Stamp	_____	\$21.00	\$
D	Self-Inking Seal	_____	\$23.50	\$
E	Rubber Name Stamp	_____	\$12.00	\$
F	Notary Journal	_____	\$7.50	\$
G	SAVE! Embosser Seal & Journal	_____	\$28.00	\$
H	SAVE! Self-Inking Seal/Name Stamp & Journal	_____	\$29.00	\$
			Total:	\$ _____

CONTACT INFORMATION

Name: _____

My Commission Expires*: _____ (mm/dd/yyyy) County of Residence: _____

*Please complete this only if you want your expiration date to appear on your stamp. Otherwise, you will need to hand write your expiration date.

Business Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Shipping address if different from above (no P.O. Boxes please):

Address: _____

City: _____ Zip: _____

PAYMENT

I have enclosed a check made payable to the Akron Bar Association

Please charge the following:

VISA

MasterCard

Discover

Card Number: _____

Exp. Date: _____ Billing Zip: _____

Signature: _____

Mail Payment To:

The Akron Bar Association

57 S. Broadway

Akron, OH 44308

Hours: 8:30 a.m. – 5:00 p.m. Monday through Friday