

NOTARY PUBLIC SUPPLIES

The Akron Bar Association is pleased to offer you the opportunity to order your notary seals, stamps and journals. You may place your order online at www.akronbar.org or by mail. **Please make checks payable to the Akron Bar Association, 57 S. Broadway, Akron, OH 44308**



A) Notary Public Embosser Seal \$23.00



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

B) Self-Inking Seal & Name Stamp \$25.00



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

C) Self-Inking Name Stamp \$22.00

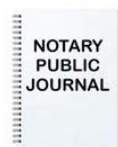


D) Self-Inking Seal Stamp \$24.50



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

E) Rubber Name Stamp \$13.00

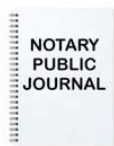


F) Notary Journal \$8.50

*****COMBINE & SAVE!!!*****



+



G) Embosser Seal & Journal (A & F) \$29.00



+



H) Self-Inking Seal/Name Stamp & Journal \$30.00

IMPORTANT NOTE: If you would like to order your name stamp before you receive your commission, you will need to write in your expiration date when notarizing documents. If you would like your expiration date included on your stamp, it is recommended you mail your order after you have received your commission certificate from the State and verified the expiration date. The Akron Bar Association and its stamp supplier are not responsible for incorrect or incomplete dates written on order forms.

COSTS INCLUDE TAX, SHIPPING & HANDLING.

ORDER SUMMARY

| Quantity | Item | Cost | Total |
|----------|-------------------------------|---------------|----------|
| A. _____ | Embosser Seal | \$23.00 | \$ _____ |
| B. _____ | Self-Inking Seal & Name Stamp | \$25.00 | \$ _____ |
| C. _____ | Self-Inking Name Stamp | \$22.00 | \$ _____ |
| D. _____ | Self-Inking Seal Stamp | \$24.50 | \$ _____ |
| E. _____ | Rubber Name Stamp | \$13.00 | \$ _____ |
| F. _____ | Notary Journal | \$8.50 | \$ _____ |
| G. _____ | Combination: A & F | \$29.00 | \$ _____ |
| H. _____ | Combination: B & F | \$30.00 | \$ _____ |
| | | Total: | \$ _____ |

Please complete the following:

Name: _____ **My commission expires:** _____
As you wish it to appear on your notary stamp Month Day Year
 I do not want my expiration date to appear on my stamp

County of Residence: _____

SHIP TO:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

Thank you for your order!