

SUPPLIES ORDER FORM

Order online at http://www.NotarySource.com/Supplies_Order_Form.html

Mail orders to:

ATKINSON BROS. AGENCY
P.O. Box 271989
Houston, TX 77277-7989

Fax orders to:

Fax: (713) 664-8156
Toll Free: (800) 929-6094

ITEM	PRICE	QTY. ORDERED	AMOUNT
Notary Self Inking Stamp	\$18.50		
Notary Record Book	\$10.00		
Notary Guide Book	\$5.00		
Notary Embosser	\$28.95		
Embossment Inker	\$10.00		
Custom Self Inking Stamp	\$18.50		
Signature Thumb Print Kit	\$10.00		
Replacement Ink Pad	\$5.50		
<i>Prices include taxes and Standard shipping and handling charges. Prices subject to change without notice.</i> Black Ink Only For custom stamps please check out our website. http://www.RubberStampStat.com			Subtotal \$ _____ Economy/2 Day + _____ Or UPS Overnight + _____ Total Order = \$ _____
<input type="checkbox"/> Standard Orders allow 7-10 business days from receipt for delivery. Special shipping and rush orders: <input type="checkbox"/> Economy Two-Day Orders with in house rush Add \$10.00. Allow 3-7 business days from receipt for delivery. <input type="checkbox"/> UPS Overnight with in house rush add 20.00. Allow 2-5 business days from receipt for delivery.			

<p>Custom Self-inking Stamp <i>Compose your own message up to four lines each.</i></p> <ul style="list-style-type: none"> • Names & Addresses • Deposit • Specialty – Past Due, Confidential, etc. 	Line 1: _____ Line 2: _____ Line 3: _____ Line 4: _____
<p>Notary Self-inking Stamp</p> <input type="checkbox"/> Texas <input type="checkbox"/> Illinois <input type="checkbox"/> New Mexico	Name as Shown on Notary Commission _____ Commission Exp Date ____/____/____
<p>Signature Self-inking Stamp <i>If you ordered a signature stamp above, write your signature inside the box, please do not exceed the lines.</i></p>	<div style="border: 2px solid black; border-radius: 15px; width: 200px; height: 60px; margin: 0 auto;"></div>

<p>Method of payment:</p> <input type="checkbox"/> Check or Money Order (Payable to “ATKINSON BROS. AGENCY”) <input type="checkbox"/> Charge by Credit Card Amount to charge \$ _____ (Check One) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Name as shown on card _____ Account Number _____ Exp. Date _____ Signature _____
<p>Please mail supplies to this address:</p> Name: _____ Street: _____ City: _____ State: _____ Zip Code: _____ Daytime Phone: _____ Fax: _____