



109 NE Roberts - Gresham, OR 97030
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 E: orders@stamp-connection.com

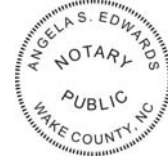


Orders Ship In One Business Day

North Carolina Notary Stamp Order Form

- 1) Fill out and print the form below, using Special Instructions to give us any additional information.
- 2) Fax the form with a copy of your commission or appointment to our office at 866-667-1552
- 3) Call our sales department at 866-667-1133 with any questions.

NOTARY NAME
 NOTARY PUBLIC
 Mecklenburg County
 North Carolina
 My Commission Expires May 8, 2008



Place Your Order

Free shipping on all orders placed online or with form.

Choose Your Stamp

Rectangle

| | | |
|-------------|---------|-------|
| Xstamper | \$44.25 | _____ |
| iStamp | \$32.30 | _____ |
| Ideal | \$20.15 | _____ |
| 2000 Plus | \$19.30 | _____ |
| ClassiX | \$16.60 | _____ |
| Knob Handle | \$16.10 | _____ |

Round

| | | |
|----------|---------|-------|
| Xstamper | \$50.25 | _____ |
| iStamp | \$35.10 | _____ |
| Ideal | \$25.00 | _____ |
| ClassiX | \$22.85 | _____ |

Stamp Total: _____

Choose Your Notary Journal

| | | |
|------------|---------|-------|
| Hard Cover | \$41.95 | _____ |
| Soft Cover | \$15.70 | _____ |

Journal Total: _____

Choose Your Notary Accessories:

| | | |
|--------------------------------|---------|-------|
| Shiny Handheld Embosser | \$47.20 | _____ |
| Gold Foil Seals | \$9.45 | _____ |
| Impression Seal Inker | \$20.85 | _____ |
| Xstamper Refill Ink – 20 ml | \$9.25 | _____ |
| iStamp Refill Ink – ½ oz | \$7.90 | _____ |
| Rubber Stamp Refill Ink – 1 oz | \$4.85 | _____ |
| Thumb Print Pad | \$15.70 | _____ |
| Felt Ink Pad | \$6.45 | _____ |

Accessories Total: _____

Product Total: _____

Shipping: _____

Grand Total: _____

Personal Information

Your privacy is protected. Your personal information never leaves our hands.

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Payment Method:

Check or Money Order By Mail

Visa
 MC
 AmEx
 Discover

Card Number: _____

Expires: _____ CCV Code: _____

Print Name of Card Holder:

Signature of Card Holder:

Special Instructions:

Fax the completed form with a copy of your commission or appointment to us at 866-667-1552.