

# OFFICIAL PROFESSIONAL ENGINEER, SURVEYOR AND ARCHITECT EMBOSSING SEALS AND RUBBER STAMPS

## Style & Pricing Information

<b>EMBOSSING SEALS</b>	<b>RUBBER STAMPS</b>
 <p>Ideal Pocket Seal \$32.00</p>	 <p>Knob Type Stamp \$20.00</p>
 <p>Deluxe Pocket Seal \$36.00</p>	 <p>Trodat Self-Inking \$26.00</p>
 <p>Desk Model Seal \$55.00</p>	 <p>Ultimark Self-Inking \$29.00</p>

## **NOTARIES EQUIPMENT COMPANY**



www.notariesequipment.com  
2021 ARCH STREET  
PHILADELPHIA, PA 19103-1491  
PHONE: 215-563-8190  
FAX: 215-977-9386  
Email: order@mburrkeim.com



(ORDER BLANK ON REVERSE)

# OFFICIAL PROFESSIONAL ENGINEER, SURVEYOR AND ARCHITECT EMBOSSING SEALS AND RUBBER STAMPS

## ORDER BLANK

Please fill out the order form below and include a copy of your license.

Provide your name exactly as registered and your registration number. Return the completed form to our office by email attachment or FAX. If paying by check, please make check/money order payable to NOTARIES EQUIPMENT COMPANY and mail to the address below.

<b>EMBOSSER:</b>	<input type="checkbox"/> IDEAL POCKET	<b>\$32.00</b>	Item(s) total:	\$ _____
	<input type="checkbox"/> DELUXE POCKET	<b>\$36.00</b>	Shipping & handling:	\$ 6.50
	<input type="checkbox"/> DESK MODEL	<b>\$55.00</b>	Tax*:	\$ _____
<b>STAMP:</b>	<input type="checkbox"/> KNOB TYPE	<b>\$20.00</b>		
	<input type="checkbox"/> TRODAT SELF-INKING	<b>\$26.00</b>		
	<input type="checkbox"/> ULTIMARK SELF-INKING	<b>\$29.00</b>	<b>Grand Total:</b>	\$ _____

I am a(n):  ENGINEER      NAME: \_\_\_\_\_  
 SURVEYOR      STATE: \_\_\_\_\_  
 ARCHITECT      REGISTRATION #: \_\_\_\_\_  
 OTHER \_\_\_\_\_

### BILLING INFORMATION:

NAME: \_\_\_\_\_  
FIRM NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Payment type:  CHECK/MONEY ORDER  
 VISA      CREDIT CARD #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 MASTERCARD      EXPIRES: \_\_\_\_ / \_\_\_\_  
 DISCOVER

### SHIPPING INFORMATION FOR UPS:

Same as above.

NAME: \_\_\_\_\_  
FIRM NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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\*For orders shipping to a PA address please add 8% tax to item(s) total.

\*For orders shipping to a NJ address please add 7% tax to item(s) plus shipping.