

# 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):	<input type="checkbox"/>	ENGINEER	NAME: _____
	<input type="checkbox"/>	SURVEYOR	STATE: _____
	<input type="checkbox"/>	ARCHITECT	REGISTRATION #: _____
	<input type="checkbox"/>	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 6.625% tax to item(s) plus shipping.