



# Notary Signing Agent Information Sheet

"Providing Timely and Professional Service"

**Independent contractors please complete the following information:**

Name: \_\_\_\_\_

Company Name/dba (if applicable): \_\_\_\_\_

### Contact Information

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address for Delivery (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Office Set-Up

Laser printer with legal paper capability: .....  Yes  No

Fax machine, plain paper with legal capability: .....  Yes  No

Computer with Microsoft Windows 95 or higher: .....  Yes  No

Adobe Acrobat Reader: .....  Yes  No

Internet access: .....  Yes  No If yes, indicate DSL/Cable/Dial Up: \_\_\_\_\_

### Service Area/Availability

Please list all your service areas by County and/or City: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Preferred days/time of day for signing: \_\_\_\_\_

Bilingual: .....  Yes  No If yes, languages: \_\_\_\_\_

### Understanding of Responsibility

I \_\_\_\_\_, understand that if I must make a second trip due to a mistake or missed signature that was caused by myself, that no additional expense will be incurred on the signing invoice to Goldeagle Notary Signing, Inc., or to the client who ordered the signing.

\_\_\_\_\_  
**Notary Signature**

\_\_\_\_\_  
**Date Signed**