



Washington State Bail Agents' Association

Vendor Application

Date: _____

Company Name: _____

Contact/Representative: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Office Phone: (____) _____ ~ _____ **Cell:** (____) _____ ~ _____

E-Mail Address: _____

Please detail the services you and/or your company provide to the bail community:

After form is submitted via email to ablebbs@aol.com you will be invoiced for \$500.00
Please send payments to: WSBAA c/o Becky Magnuson – Treasurer 3180 W. Clearwater Ave. Suite M.
Kennewick, WA 99336

We look forward to seeing you soon. Thank you very much.