



## WSBAA Vender Application

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

Business Name \_\_\_\_\_

Business Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website/Email: \_\_\_\_\_

Please detail the product or service your company provides to the bail community:

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

Please return completed form to Freya Browne [1111bailbonds@gmail.com](mailto:1111bailbonds@gmail.com) or fax 360-871-1389

\$500 Annual Vender Fee for WSBAA

**Pay via check:** make payable to **WSBAA** and mail to Freya Browne:

WSBAA C/O 11:11 Bail Bonds 700 Prospect St #202 Port Orchard WA 98366
--

**Pay via Credit Card:** \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

\*Billing address for card: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR YOUR BUSINESS!