



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 (WSBAA Treasurer) at 1111bailbonds@gmail.com

☐ \$500 Annual Vender Fee for WSBAA

Pay via Zelle: treasurer@wsbaa.com

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
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Pay via Credit Card: _____ Exp: _____ CVV: _____

*Billing address for card: _____ City _____ Zip Code _____

Signature: _____ Date: _____

THANK YOU FOR YOUR BUSINESS!