



Company Profile

**Minneapolis-St. Paul International Airport
Aviation Security Division and Badging Office**



SECTION ONE:

Date: _____

Check appropriate box: New Company Reactivating Company Sponsor Company Change Billing Update
 Company Name Change (prior name) _____

Corporate Company Name _____

Corporate address _____ Suite _____

City _____ State _____ Zip _____

Local address (if applicable) _____

Primary Signer name _____ Title _____ Phone _____

Email _____

Owner/Alternate Contact _____ Title _____ Phone _____

Email _____

SECTION TWO: Brief description of services provided at MSP Airport: _____

Contractors must provide project name _____

List your sponsor company _____ Contract start date _____ End date _____

Additional sponsor company _____ Start date _____ End date _____

Are you sponsored by MAC? Yes No MAC Contact name _____

SECTION THREE: BILLING AND FINANCIAL INFORMATION: (if section is incomplete, default will be cash/check)

If contract is less than 3 months fees must be paid at time of service

*Billing contact need not be the same person as listed in Section One.

Will you be paying by: **Cash or check** **Mailed Invoice** **Email Invoice** (will be sent to the email address below)
 Check if the billing address is the same as above

Billing address _____ Suite _____

City _____ State _____ Zip _____

Billing contact name _____ Title _____

Best contact number _____ Email address _____

Signature to authorize billing _____ Date _____

Contractor Badge Fee Policy: Contractors are required to pay a \$200 contractor badge fee per badge. Badges must be returned at the end of the contract period. Badges that are not returned within 30 days of the expiration date will forfeit the \$200 contractor badge fee.

Please submit this form, along with: **Sponsor Company Letter** **Two Authorized Signer Letters** (if applicable).

Scan and email to security@mspmact.org or mail to: Steve Nix, Airport Police Department, Minneapolis-St. Paul International Airport, 4300 Glumack Dr, LT-3255, St. Paul, MN 55111.

For Office Use Only: Signer Session date _____ Contact Finance _____

PW Name _____ PW Entry _____ List _____ POS Push _____

Customer No. _____ Notes _____

Company Type _____