



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: **Check at time of service** **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 _____

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: Melyssa Meuli, 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 _____