Vendor Application

Vendor/Company Name: _____

Advertisement Contact Person: _____

Phone: _____ Alt Phone: _____

Email: _____

Billing Contact Person: _____

Phone: _____ Alt Phone: _____

Email: _____

Purpose for Advertising:

_____

_____

Payment will be by: ____ Check ____ VISA ____ MasterCard

Credit Card Number _____Expiration Date __/__

Authorized Signature _____

Name on Credit Card _____Phone #_____

Address where Credit Card Bill is sent _____

City _____State _____ Zip _____

Phone Number of Card Holder _____

Mail or fax this application to:

APIC MN
2626 E 82nd Street, Suite 270
Bloomington, MN 55425
Phone 952-858-8875 or 800-958-8875
Fax 952-858-8950
Email barb@bestmeetings.com
APIC MN Taxpayer ID: 51 0208788

For APIC MN Purposes Only

Date Received: ____/____/____ Website Ad: _____ Ad Size/Details: _____

Amount Received: $_____ N & V Ad: _____ _____

Check #_____ Editor Approval: _____ _____