



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 82<sup>nd</sup> Street, Suite 270  
Bloomington, MN 55425  
Phone 952-858-8875 or 800-958-8875  
Fax 952-858-8950  
Email shirley@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: _____	_____