

SERVICE RATE
LOCK RECORE AND KEY - SERVICE ORDER FORM
REPUBLICAN NATIONAL CONVENTION



175 West Kellogg Blvd Suite 501
 St Paul MN 55102-1299
 Phone: 651-265-4800
 Fax: 651-265-4899
 Service Information: 651-265-4875

DO NOT mail or fax this form to FREEMAN.
 Please mail or fax this form to:
 Xcel Energy Center at **651-265-4899**

Event **Republican National Convention**

Company Name _____

Street Address _____ Phone # _____ FAX #: _____

City _____ State _____ Zip _____

Contact (print) _____ Contact (Sign) _____

Email Address _____

NOTE: SOME SUITES WILL HAVE SPECIAL DOORS THAT ARE CUT DOWN FOR CABLE ACCESS --- SPECIAL DOORS ARE INSTALLED BY FREEMAN --- PLEASE ORDER KEYS FROM FREEMAN
 EXAMPLE: XCEL SUITES NUMBERS 1-8, 25-27, 56-62, 63-69 (RNC ASSIGNED NUMBERS 1063-1069, 2001-2008, 2025-2027, 2056-2062)

DOOR	QTY	AREA NUMBER – SEE RNC LAYOUTS	CHARGES	TOTAL
Door #1 - CORE and 2 KEYS	_____	_____	X \$100.00 per CORE	\$ _____
Door #1 - KEYS (EXTRA)	_____	_____	X \$ 5.00 per KEY	\$ _____
Door #2 - CORE and 2 KEYS	_____	_____	X \$100.00 per CORE	\$ _____
Door #2 - KEYS (EXTRA)	_____	_____	X \$ 5.00 per KEY	\$ _____
Door #3 - CORE and 2 KEYS	_____	_____	X \$100.00 per CORE	\$ _____
Door #3 - KEYS (EXTRA)	_____	_____	X \$ 5.00 per KEY	\$ _____
TOTAL CHARGES				\$ _____

SERVICE DATE REQUESTED	PLEASE NOTE DATE AND TIME LOCK SHOULD BE RECORED (CORES INSTALLED MON – FRI)	PLEASE NOTE DATE AND TIME KEYS SHOULD BE READY FOR PICK UP FROM BOX OFFICE (OPEN M-F 10 AM – 6 PM)
Door #1 _____		
Door #2 _____		
Door #3 _____		

SERVICE NOTES

Please list any special notes related to services ordered

Saint Paul Arena Company Federal ID# 41-1970667

Payment must be made in U.S. Funds. Make checks payable to **Xcel Energy Center**

<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Money Order # _____
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Company Check # _____
Credit Card # _____ Exp. Date _____	<input type="checkbox"/> For Receipt Confirmation Check here. Include Fax # or Email address.	
Cardholders Name _____	Authorized Signature _____	

Billing: Requests for invoices will be charged a \$25 processing fee.	Refund Policy: Requests for refunds should be made 7 business days prior to service date.
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