

Affiliate Application

*Company Name:	*City:	*State:
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Please complete and submit all required information (notated as “*”) to affiliatedept@cintas.com or fax to 866-442-6652. Cintas requires that you submit a signed W9, Certificate of Insurance (including General Liability, Umbrella, Worker’s Compensation or State Waiver if applicable, and Automobile Liability), as well as a copy of your State Contractors License and all required licenses, certifications and/or distributorships. For questions, call 239-244-9200 and ask for an Affiliate Department Representative.

1. GENERAL INFORMATION

*Date:		
*Company Name:		
DBA (Doing Business As):		
*Company Contact:	*Email:	
*Phone #:	Cell Phone #:	*Fax #:
*Address:	*City, State, ZIP:	
Billing Address:	City, State, ZIP:	
*Accounts Receivable Contact:	*A/R Email:	
*Tax ID #:	*A/R Phone:	*A/R Fax #:

Service Lines: Please check each service line in which you currently provide service AND repairs.

Fire Protection	KEC (Kitchen Exhaust Cleaning)
<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Kitchen Exhaust Systems
<input type="checkbox"/> Emergency / Exit Lights	<input type="checkbox"/> Grease Containment
<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Pollution Control Systems
<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> UV Systems
<input type="checkbox"/> Fire Backflow	<input type="checkbox"/> Access Panel Installs
<input type="checkbox"/> Domestic Backflow	<input type="checkbox"/> Hinge Kit Installs
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Other
<input type="checkbox"/> Industrial/Special Hazards/FM 200	Notes:

This section is for internal use only:

<input type="checkbox"/> <u>Full Affiliate</u>	<input type="checkbox"/> <u>Emergency Activation</u>	<input type="checkbox"/> <u>Interim Affiliate</u>
<input type="checkbox"/> General Liability	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Contract
<input type="checkbox"/> Automobile Liability	<input type="checkbox"/> Signed W9	<input type="checkbox"/> Previous EA/Interim Affiliate
<input type="checkbox"/> Worker’s Compensation	<input type="checkbox"/> Worker’s Compensation Waiver	<input type="checkbox"/> Previous Affiliate
Addendums:		Jobs:
Customer Specialist:		Authorized by:

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Recruiter:	Date:
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2. COMPANY INFORMATION

1. Do you currently, or have you previously worked for Cintas?

<input type="checkbox"/>	No	<input type="checkbox"/>	Current Fire Affiliate	<input type="checkbox"/>	Current KEC Affiliate	<input type="checkbox"/>	Previous Affiliate
Name of Current or Previous Company:							

2. Do you currently, or have you ever serviced National Accounts?

<input type="checkbox"/>	No	<input type="checkbox"/>	Previously	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Accounts:
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3. Business Structure:

<input type="checkbox"/>	Corp.	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Other:	
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4. Owner's Information:

Name:	Phone #:	Email:
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5. Does your company have a website?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
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6. How many years have you been in business at the company named above?

7. How many trucks are you currently running?

8. Are your trucks branded with your company name and/or logo?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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9. How many total employees do you have?

Number of administrative staff?

Number of service technicians?

Number of installers?

10. Do your employees wear uniforms?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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11. Are you a Union Shop?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12. If you are a Union Shop, which Local(s) do you work under?

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13. What types of mobile devices, if any, do your technicians have access to out in the field?

	<u>Yes</u>	<u>List all that apply</u>
Android		
iPhone		
Other Smart Phone		
iPad or other tablet (please list)		
Other Mobile Device		

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3. COVERAGE AREA AND SERVICE LINES

Service Lines

Please mark all appropriate sections in which you provide service. Please list any unique coverage areas per service line. If you have a technician that only performs a certain service line, please include the technician's name and the best contact number.

	Inspections	Repairs	Installs	Special Notes:
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency / Exit Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Backflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic Backflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Industrial/Special Hazard/FM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen Exhaust Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Coverage Area

Please explain in detail the geographical coverage area of operations for your company ONLY where additional charges DO NOT apply. Include additional offices and their addresses, and/or truck rolls if applicable, as well as particular coverage area exclusions. Unique coverage areas per service line can be notated above.

Licenses/Certifications/Distributorships

It is **MANDATORY** that you submit a copy of your State Contractors License for Fire Protection. Please list any and all additional licenses, certifications and/or distributorships which are applicable. Include any particular locations, counties, districts and/or other coverage areas that require certain certifications.

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Minority Owned Business (MBE) / Women Owned Business (WBE)/ Veteran Owned Business (VOSB)

	Yes	If minority, women or veteran owned, is your company certified?
Minority Owned Business (MBE)	<input type="checkbox"/>	
Women Owned Business (WBE)	<input type="checkbox"/>	
Veteran Owned Business (VOSB)	<input type="checkbox"/>	

4. EXTENDED CONTACT LIST

Main Contact (automatically sourced from general information above)

Contact:		Email:	
Phone #:	Cell Phone #:	Fax #:	

Accounting Contact (automatically sourced from general information above)

Accounts Receivable Contact:		A/R Email:	
Tax ID #:	A/R Phone:	A/R Fax #:	

ServiceNet Administrator/Paperwork Contact

Contact:		Email:	
Phone #:	Cell Phone #:	Fax #:	

Scheduling Contact

Contact:		Email:	
Phone #:	Cell Phone #:	Fax #:	

Emergency Contact

Contact:		Email:	
Phone #:	Cell Phone #:	Fax #:	

Lead Technician

Contact:		Email:	
Phone #:	Cell Phone #:	Fax #:	

Additional Notes: Please list any additional notes or contact information you would like for Cintas to have.

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Distributorships & Specialty Systems Capabilities

Please mark all appropriate sections in which you provide service and/or are an active distributor. Please add any additional applicable notes.

Product	Distributorship	Servicing Capabilities	Additional Notes
Amerex			
Badger			
Buckeye			
Kidde			
Ansul			
Pyrochem			
Mircom			
Bosch			
Hochiki			
Gamewell/FCI			
Notifier			
DMP			
Potter			
Edwards			
Simplex			
Vesda			
CaptiveAire			
Canopy system inspections			
Other – describe:			