



AFFILIATE APPLICATION

COMPANY NAME: CITY: STATE:

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, 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	Other: <input type="text"/>	

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2. COMPANY INFORMATION

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

No Current Fire Affiliate Current KEC Affiliate Previous Affiliate

Name of Current or Previous Company:

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

No Previously Currently

Please list all applicable National Accounts:

3. Business Structure:

Corp. Partnership Sole Proprietorship LLC Other:

4. Owner's Information:

Name: Phone: Email:

5. Does your company have a website? No Yes

If yes, please list your company's website:

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? No Yes

9. How many total employees do you have?

Number of administrative staff?

Number of service technicians?

Number of installers?

COMPANY NAME: CITY: STATE:

10. Do your employees wear uniforms? No Yes

11. Are you a Union Shop? No Yes

12. If you are a Union Shop, which Local(s) do you work under?

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

	Yes	List all that apply
Android	<input type="checkbox"/>	
iPhone	<input type="checkbox"/>	
Other Smart Phone	<input type="checkbox"/>	
iPad or other tablet (please list)	<input type="checkbox"/>	
Other Mobile Device	<input type="checkbox"/>	

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"/>	
Kitchen Exhaust Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pollution Control Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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 coverage areas that require certain certifications, including KEC Certificate of Fitness or isolated certifications as required by AHJ's within your service area.

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#:

COMPANY NAME: CITY: STATE:

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#:

Repairs Contact

CONTACT: EMAIL:

PHONE #: CELL PHONE#: FAX#:



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

Please submit all required information to affiliatedept@cintas.com. We request that you submit a signed W9, Certificate of Insurance (including General Liability, Worker’s Compensation or state waiver if applicable and Automotive Liability) as well as a copy of your State Contractor’s License and all required licenses, certifications and/or distributorships. If you have questions please call, 239.244.9200 and request an Affiliate Department Representative.

This section is for internal use only:

	FULL AFFILIATE	EMERGENCY ACTIVATION	INTERIM AFFILIATE
	General Liability	Additional Insured	Contract
	Automobile Liability	Signed W9	Previous EA/Interim Affiliate
	Worker’s Compensation	Worker’s Compensation Waiver	Previous Affiliate
Addendums:		Customer Specialist:	
Recruiter:		Jobs:	
Authorized by:		Date:	