Date:

Branch #:

Order Confirmation

NOT AN INVOICE

CINTAS® READY FOR THE WORKDAY®

Sold-To Name:

Sold-To Address:

City: St/Prov: ZIP/PC: Phone:

Contact Person: Email:

ZNAT/ZREG: Rep Name: C#:

Matrix Account: ☐ YES ☐ NO Matrix Partner Name: MAM Segment: SELECT ONE

Service Frequency: SELECT ONE Bundle Sold: ☐ YES ☐ NO Bundle Type: Comp

PPE Required: ☐ Safety Glasses ☐ Ear Plugs ☐ Steel Toed Shoes ☐ Hard Hat ☐ Hi-Viz Vest ☐ No PPE Required ☐ Other:

QUANTITY	MATERIAL #	DESCRIPTION	UNIT PRICE	TOTAL
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
1	400	Service Charge		$ 0.00
			Your Estimated Total:	$ 0.00

Delivery/Installation Instructions:

I authorize Cintas to verify my credit on Credit.net and/or by contacting the parties provided. I am authorized to sign on behalf of this company. In addition, I authorize Cintas to open a new account on behalf of the company and deliver the products or services listed above at the agreed upon pricing and delivery terms.

I authorize Cintas to deliver the additional products or services listed on page 3 at the agreed upon pricing and delivery terms.

Customer Signature: Date:

Customer Name: Title:

INTERNAL USE ONLY

Sold-to #	*Change ID:*	*Window Reset:* ☐ *YES* ☐ *NO*	*Rental Acct:* ☐ *YES* ☐ *NO*
Payer #	*Change ID:*	*Y1:*	
Bill-to #	*Change ID:*	*Install Route:*	*Service Route:*
# of Employees:		*DC:*	

Accounts Payable Contact/ Billing Information

How should the Business Name read on the invoice?

Do you have other sites/locations within your company that are set up for billing with Cintas? ☐ **YES** ☐ **NO** ☐ **UNSURE**

Are you Tax Exempt? ☐ **YES** ☐ **NO** **If Yes**, where can I get a copy of your tax-exempt form?

PAYER INFORMATION: This section covers the address where the person who pays the bills is and their contact information.

Account Payable Contact Name:

Account Payable Contact Phone #:

Account Payable Email:

Payer Street Address:

City: ST/PROV: NC ZIP/PC:

We will use the Payer address above as the address that is used for credit reference/credit check if it is different from service address.

BILL-TO INFORMATION: This section covers **where the bill will be mailed/sent to**.

☑ **Same as Payer** OR ☐ **Same as Sold-To** OR ☐ **Portal/Third Party**

Bill-To Street Address:

City: ST/PROV: ZIP/PC:

WE CAN CUSTOMIZE HOW YOU RECEIVE YOUR BILL FOR PAYMENT PROCESSING

Invoice Delivery (choose one): ☑ **Leave at Site and Email** ☐ **Email Only** ☐ **Physically Mail** ☐ **Leave at site after service**

Do invoices require a purchase order? ☐ **YES** ☐ **NO** **If yes**, please provide PO#

Will the same PO need to appear on each invoice? ☐ **YES** ☐ **NO** Is there an expiration date?

NET TERMS: Cintas standard payment is due 30 days after receiving an invoice

*If other than net 30 is needed, please let us know. Please be aware, this will need to be reviewed and approved by Cintas prior to any services being rendered. Any account unable to provide positive credit results from Credit.net may be set up for Auto-Charge/Credit Card payments below.

PAYMENT OPTIONS

☐ **Check**

☐ **ACH/EFT** - We will have our ACH/EFT team contact the AP contact above with ACH/EFT payment details

☐ **Credit Card** - We will have our Payment Center contact the AP Contact above for credit card details

Unless noted below, your AP contact above will be automatically registered to manage your Cintas account online with myCintas Billing. myCintas allows you to conveniently access your account anytime using your computer, tablet, or mobile device!

☐ **Do not send information about Online Bill Pay**

Order Confirmation

NOT AN INVOICE

QUANTITY	MATERIAL #	DESCRIPTION	UNIT PRICE	TOTAL
				$ 0.00
				$ 0.00
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				$ 0.00

Your Estimated Total: $ 0.00