

**Credit Reference Form**



Date 3/24/11

Account Name: Hidalgo County Facilities Management AP Contact Name: \_\_\_\_\_  
 Billing Address: P.O. Box 654  
 City: Edinburg State: TX. Zip: 78539 Telephone: (956) 289-7850  
 # of Years in business \_\_\_\_\_ Charge \_\_\_\_\_ Credit Card \_\_\_\_\_ COD \_\_\_\_\_

Supplier's Name Home Depot  
 Contact \_\_\_\_\_ Phone# 1-800-494-1946  
 Street P.O. Box 6031 Fax # \_\_\_\_\_  
 City The Lakes State NV Zipcode 88901-6031

Cintas Office Use ONLY			
Payment Terms	Payment Average	Amount Outstanding	Present status
How long a customer?	30days	60 days	Over 60days

Supplier's Name W. W. GRAINGER  
 Contact \_\_\_\_\_ Phone# 1-800-472-4643  
 Street 100 GRAINGER PARKWAY Fax # \_\_\_\_\_  
 City LAKE FOREST State IL Zipcode 60045-5204

Cintas Office Use ONLY			
Payment Terms	Payment Average	Amount Outstanding	Present status
How long a customer?	30days	60 days	Over 60days

Supplier's Name O'Reilly Auto Parts  
 Contact \_\_\_\_\_ Phone# \_\_\_\_\_  
 Street 821 S. CLOSTER Fax # (956) 383-6655  
 City Edinburg State TX. Zipcode 78539

Cintas Office Use ONLY			
Payment Terms	Payment Average	Amount Outstanding	Present status
How long a customer?	30days	60 days	Over 60days

Cintas Office Use ONLY

Upon review of the above information gathered from the credit references, this account will be placed on  
 Charge \_\_\_\_\_ Credit Card \_\_\_\_\_ COD \_\_\_\_\_ Credit Card/COD review in 6mos. \_\_\_\_\_  
 General Manager \_\_\_\_\_ Date \_\_\_\_\_ Sales Manager \_\_\_\_\_ Date \_\_\_\_\_

I authorize Cintas to verify my credit by contacting the parties above. I am authorized to sign on behalf of this company.

\_\_\_\_\_  
Printed Customer Name Customer Signature  
 \_\_\_\_\_  
Printed Title Date

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)  
**Cintas Corporation**

Business name/disregarded entity name, if different from above  
**Cintas Corporation**

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_

Other (see instructions) ▶ \_\_\_\_\_

Exemptions (see instructions):  
 Exempt payee code (if any) 5  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
**P.O. Box 631025**

City, state, and ZIP code  
**Cincinnati, OH 45263-1025**

Requester's name and address (optional)

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

--	--	--	--	--	--	--	--	--	--

**Employer identification number**

3	1	-	1	7	0	3	8	0	9
---	---	---	---	---	---	---	---	---	---

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**    Signature of U.S. person ▶ Juda C. Brown    Date ▶ 1/21/2016

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

A.H.H.  
ERICA DEBROW



## HIDALGO COUNTY PURCHASING DEPARTMENT Bidder/Vendor Application

Complete in print or type.  
Please return this application to the Hidalgo County Purchasing Department  
thru Facsimile: (956) 318-2629 or (956) 292-7612  
in person or regular mail to: 2812 S. Business Hwy, 281, Edinburg, Texas 78539  
or e-mail: darlene.betancourt@co.hidalgo.tx.us

Company Name: <u>Cintas Corp</u>		Telephone No.: <u>(210) 702-5195</u>
dba Name:		
Legal Name: <u>Cintas Corporation</u>		
Mailing Address: <u>7007 Fairgrounds Pkwy</u>		Fax No.: <u>(210) 702-5186</u>
Physical Address: <u>7007 Fairgrounds Pkwy Ste 121</u>		
City, State, Zip: <u>San Antonio, TX 78239</u>		Tax I.D. No.: <u>31-1703809</u>
Remit to Address: <u>P.O. Box 1031025 City, State, Zip Cincinnati, OH 45203</u>		
E-Mail Address: <u>debrowe@cintas.com</u>		
Representative(s) Name(s) & Title(s): <u>ERICA Debrow Office Admin</u>		
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify		
State Identification No. _____ (Please attached completed W-9 form with this application) Federal Identification No. or (if individual) SS No. _____		
State of Incorporation: _____ Date: _____ Other: _____		
Type of Business (check one): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Broker <input type="checkbox"/> Distributor <input type="checkbox"/> Service Organization <input type="checkbox"/> Other, Specify		
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:		
Small and/or Disadvantaged Business Information (check application criteria)		
Small Business: _____ Disadvantaged Business (At Least 51% Ownership)		
<input type="checkbox"/> Less than 125,000 annual gross receipt <input type="checkbox"/> Black American <input type="checkbox"/> Native American <input type="checkbox"/> Less than 250,000 annual gross receipt <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women <input type="checkbox"/> Less than 499,000 annual gross receipt <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Other <input type="checkbox"/> More than 500,000 annual gross receipt		
Have you been certified as a HUB or an MBE/WBE source?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate Certification No.(s): _____ or are Certificate(s) attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of product(s) is/are solicited by your company?:		
Would you like to be provided with specifications for procurements of such products?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
To Be Completed by the County: Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing): _____		
Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.: _____		

**HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION**

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive fair and equal opportunity for participation in the County's procurement process. This fact holds true for Service (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendor. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?  Yes  No

If yes, by whom?  TPASS (Windows on State Government)  Other \_\_\_\_\_

Indicate Certification No(s): \_\_\_\_\_ or Are Certificate(s) Attached?:  Yes  No

**LIST OF CERTIFIED HUB SUBCONTRACTORS**

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: \_\_\_\_\_ % (List HUB Subcontractor information below).

HUB Subcontractor Name: \_\_\_\_\_ HUB Status:  
Certifying Agency (Check all applicable):  TPASS (Windows on State Government)  Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed:

HUB Subcontractor Name: \_\_\_\_\_ HUB Status:  
Certifying Agency (Check all applicable):  TPASS (Windows on State Government)  Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed:

HUB Subcontractor Name: \_\_\_\_\_ HUB Status:  
Certifying Agency (Check all applicable):  TPASS (Windows on State Government)  Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed:



Dear Valued Customer,

Relative to the announcement of Cintas' acquisition of the ZEE Medical business, Cintas is changing payment remittance information for ZEE customers in order to provide more efficient and customer centered payment processing. We encourage you to make these remittance changes immediately so that payments are not delayed or returned to you.

**All invoices with a ZEE logo should still be remitted to the address on the invoices. Moving forward, any Cintas labeled invoice must be remitted to the address below:**

CINTAS CORPORATION  
 PO BOX 631025  
 Cincinnati, OH 45263-1025

Please be sure to include your document/invoice number, date, and dollar amount with your payment to ensure proper credit. Please note that failure to make appropriate changes may result in payments being rejected or returned.

Credit Cards or EFT/ACH set up with ZEE **will not be transferred** over to the Cintas system due to PCI compliance. If you had this method of payment set up, or would like one set up, please contact us at [Loc00W90@cintas.com](mailto:Loc00W90@cintas.com) or call 1-888-994-2468.

For your convenience, we have included a new Form W9. If your business requires additional paperwork to make this change please forward the appropriate documentation to [Loc00W90@cintas.com](mailto:Loc00W90@cintas.com).

**IMPORTANT NOTE:** If your company currently remits to an address listed below, **please do not make changes to your remittance address**, as you are serviced by an independent ZEE Distributorship doing business as ZEE Medical Services (Z.M.S.C.) and need to continue to use your current remittance address. If your company is currently remitting to any PO Box in Indianapolis, please change your remit to address to the Cincinnati, OH address noted above.

Z.M.S.C. #	Remittance Address	City	State	Zip
10	P.O. Box 29099	Shreveport	LA	71149
18	376 San Claudio Avenue	San Juan	PR	00926
25	3716 N. Eagle Mountain Ct	Flagstaff	AZ	86004
27	13 Northwest 132nd	Oklahoma City	OK	73114
34	107 Bryant Street	Ojai	CA	93023
38	P.O. Box 571480	Las Vegas	NV	89157
42	16631 Burke Lane	Huntington Beach	CA	92647
52	2745 Leiscz's Bridge Road	Reading	PA	19605
54	P.O. Box 911	Burnsville	MN	55337
65	4221 West Sierra Madre #	Fresno	CA	93722

Z.M.S.C. #	Remittance Address	City	State	Zip
66	P.O. Box 610878	San Jose	CA	95161
68	P.O. Box 58627	Seattle	WA	98138
72	P.O. Box 220229	Fair Oaks	CA	95628
74	3710 Woodland Drive, Ste 1500	Anchorage	AK	99517
86	P.O. Box 18008	Greensboro	NC	27419
89	8100 East Broadway Ave., Ste F	Tampa	FL	33619
110	2202 North 12th Street	Fargo	ND	58102
114	P.O. Box 220229	El Paso	TX	79913
125	P.O. Box 45761	Omaha	NE	68145
126	P.O. Box 1647	Williamsville	NY	14231

If you have any questions concerning this change, please contact our Accounts Receivable department at [Loc00W90@cintas.com](mailto:Loc00W90@cintas.com) or 1-888-994-2468. We appreciate your business and timely cooperation.

Chris Hill  
 General Manager – Accounts Receivable

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Cintas Corporation No. 2**

**2** Business name/disregarded entity name, if different from above  
**Cintas Corporation No. 2**

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) **5**  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
**P.O. Box 631025**

**6** City, state, and ZIP code  
**Cincinnati, Ohio 45263-1025**

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

or

Employer identification number								
3	1	-	1	7	0	3	8	0

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person ▶

Date ▶ **4-25-16**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding, or
  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.