



Credit Reference Form



Date \_\_\_\_\_

Account Name: Bacancora AP Contact Name: \_\_\_\_\_

Billing Address: 11928 Montgomery Rd

City: Cincinnati State: OH Zip: 45249 Telephone: 5136775111

# of Years in business \_\_\_\_\_ Charge  Credit Card \_\_\_\_\_ COD \_\_\_\_\_

Supplier's Name \_\_\_\_\_

Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Street \_\_\_\_\_ Fax # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

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

Supplier's Name \_\_\_\_\_

Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Street \_\_\_\_\_ Fax # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

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

Supplier's Name \_\_\_\_\_

Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Street \_\_\_\_\_ Fax # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

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

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.

ANGEL CRUZ  
Printed Customer Name

[Signature]  
Customer Signature

Printed Title

01/21/16  
Date