



**C Tek Lean Solutions**  
18530 Starcreek Drive, Cornelius, NC 28031  
888-611-1981 | [www.ctekls.com](http://www.ctekls.com)

Dear Future Customer,

Thank you for your interest in opening terms with C Tek Lean Solutions. We are pleased to have the opportunity to work with you and your company.

***Please read the following before submitting information to C Tek's Accounting Team:***

Please complete the following page or provide your company's document of established credit references.

If filling out the attached form, **please adhere to the following to complete all sections:**

- Please verify all Accounts Payable contact information is current and accurate.
- Provide three (3) Business Credit References, including phone number and email address.

If providing your company's standard credit reference document, please complete the following page with your company and Accounts Payable contact information (Section 1), and signature of an authorized party.

In addition to the credit references, if applicable, please provide your company's Tax Exemption Certificate for our files.

**Please send the following documentation to our Accounts Receivable Department at [AR@ctekls.com](mailto:AR@ctekls.com).**

Please allow 5 business days for credit approval. All information provided to us is strictly confidential.

Upon request, we will send C Tek Lean Solutions' W-9 form for your records.

If you have any questions, please contact us at:

**Accounts Receivable**

Email: [AR@ctekls.com](mailto:AR@ctekls.com)

Phone: 704-895-0090

# Credit Application

## COMPANY CONTACT INFORMATION (SECTION 1)

Company Name:

Accounts Payable Contact Name:

Phone:

Fax:

Accounts Payable E-mail:

Company Address:

City:

State:

ZIP Code:

Date Business Commenced:

President/CEO:

Sales Contact:

Federal Tax Number:

DUNS Number:

## BANK INFORMATION (SECTION 2)

Bank Name:

Contact Name:

Bank Address:

Phone:

City:

State:

ZIP Code:

Preferred Payment Method (Required):

## BUSINESS/TRADE REFERENCES (SECTION 3)

### COMPANY NAME #1:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail (Required):

### COMPANY NAME #2:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail (Required):

### COMPANY NAME #3:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail (Required):

## Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 5 business days.

BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE C TEK LEAN SOLUTIONS TO MAKE INQUIRIES INTO THE DATA AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.

## Authorized Signature

\_\_\_\_\_

Title:

Name:

\_\_\_\_\_

Date