

## **Credit Application**

This application is to identify customers who are resellers of Irrigation products and wish to have credit with Wes-tech Irrigation Systems Ltd. Credit is extended as an industry courtesy.

Return Completed Form to: Accounts@irrigation.ca Registered Legal Company name: Trade Name if Different: Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Year Established: Main Contact: Name: \_\_\_\_\_\_ Ph#: \_\_\_\_\_ **Accounting Contact:** Name: \_\_\_\_\_\_ Ph#: \_\_\_\_\_ Accounting Email: Type: Corporation □ Partnership □ Sole Proprietorship □ Government □ Not-for-Profit □ GST#\_\_\_\_\_\_(Required) PST#\_\_\_\_\_(if exempt) PST exempt (farmer)? Yes ☐ No ☐ If yes attach Exemption Certificate or photo copy of Farmer ID Purchase order required Yes ☐ No ☐ **Purchasing Contact** Name: \_\_\_\_\_ \_\_\_\_\_Ph#:\_\_\_\_\_ Email: Authorized purchasers:

## **Company Principles/Owners**

#1				
Name:	Percentage ownership/Shares			
Home Address				
none: Email:				
#2				
	Dercentage ownership/Shares			
	Percentage ownership/Shares			
Phone:	Email:			
<b>#2</b>				
#3	D			
	Percentage ownership/Shares			
	Email:			
☐ Credit Limit Requested: \$_				
Credit Limit Requested. 5_	<del></del>			
Stored Credit Card (Burcha	ises put through card on 15 <sup>th</sup> of following month (Requires another			
form- please request)	ses put till ough card off 13 of following month (Requires another			
Torrit- please request,				
TRADE REFERENCES				
THE REPERCES				
Reference #1				
	Email:			
Reference #2				
Address:	Email:			
Reference #3	Liliali.			
Address:	Franil			
Pnone:	Email:			

BANK REFERENCES  Name of bank: Address: Account #: Contact person: Contact email: Phone:			·		
Personal Guarante		unconditionally guarant	tee all payments and the amounts		
owing to WES-TECH Irrigation Systems Ltd. for product purchased. Thus, this guarantee will become a portion of the original credit agreement, which includes the signed credit application between WES TECH Irrigation Systems Ltd. and the person or persons affixing their signatures to this document. I/we agree to the conditions detailed herein.					
Name	Signature	Date	Social Insurance Number		
Name	Signature	 Date	Social Insurance Number		
Credit Application:  The undersigned is applying for credit with Wes-Tech Irrigation Systems Ltd. and agrees to be bound by the credit policies of the company. Invoices not paid by their due date will be subject to interest charges. Wes-Tech Irrigation Systems Ltd. reserves the right to suspend credit privileges on overdue accounts.  Signature: Date:					
OFFICE USE ONLY					
<ul> <li>□ References Checked</li> <li>□ PST Number Verified</li> <li>□ GST Number Verified</li> <li>□ Credit limit Approved</li> <li>□ Wholesale approved</li> <li>□ Salesperson</li> </ul>	d \$				
Approved By:		_Date:			