

*"Industry's Experts with a Great Selection!"*



# Wholesale/Credit Application

## Company Info

This application is to identify customers who are resellers of irrigation products. Resellers of irrigation products would include irrigation installers, retail stores, landscaping companies. To be approved for a Wholesale account the information must be provided in full and information will be verified by Wes-Tech Staff. This application is also for those who wish to have credit with Wes-Tech Irrigation Systems Ltd.

Return Completed Form to: [Accounts@irrigation.ca](mailto:Accounts@irrigation.ca)

## Part 1 – Wholesale Application

Registered Legal Company name: \_\_\_\_\_

Trade Name if Different: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Year Established: \_\_\_\_\_

GST# \_\_\_\_\_ (Required) PST# \_\_\_\_\_ (Required)

Email for invoices/statements: \_\_\_\_\_

Type of Business: Corporation  Partnership  Sole Proprietorship  Government  Non-Profit

### Main Contact:

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Email: \_\_\_\_\_

### Bookkeeping Contact:

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Email: \_\_\_\_\_

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Wes-Tech Irrigation Systems Ltd.

893 Van Isle Way, Victoria, BC V9B 5R8 Ph: (250) 361-1573 [www.irrigation.ca](http://www.irrigation.ca) 1 of 4

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**Purchasing Contact**

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized purchasers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PST exempt (farmer, etc.)? Yes  No

If yes, supply PST# on previous page or a copy of your Farmer Status card.

If you don't have a PST# or Farmer status card, a Farmer exemption form will be sent to you, please complete, sign, and send to [accounts@irrigation.ca](mailto:accounts@irrigation.ca). PST forms must be verified once received to meet Provincial Regulations.

Purchase order required Yes  No

Have you had credit with us before? Yes  No

If yes, under what name? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Subscribe to Newsletter Yes  No



**Company Principles/Owners**

#1

Name: \_\_\_\_\_ Percentage ownership/Shares \_\_\_\_\_

Home Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#2

Name: \_\_\_\_\_ Percentage ownership/Shares \_\_\_\_\_

Home Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#3

Name: \_\_\_\_\_ Percentage ownership/Shares \_\_\_\_\_

Home Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Cash Account Only** (Payment at time of purchase)
- Request Charge Account**       **Credit Limit Requested:** \$ \_\_\_\_\_ (Required for credit)
- Stored Credit Card** (Purchases put through card on 15<sup>th</sup> of following month - Requires another form)

**Part 2 - Required for Credit Only**

**TRADE REFERENCES**

Reference #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference #3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**BANK REFERENCES**

Name of bank: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Personal Guarantee**

I/we individually, personally, absolutely, and unconditionally guarantee all payments and the amounts owing to WES-TECH Irrigation Systems Ltd. for the 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: \_\_\_\_\_

Name(printed): \_\_\_\_\_

**OFFICE USE ONLY**

- |  |   |
|--|---|
| <input type="checkbox"/> References Checked _____  | <input type="checkbox"/> Credit limit Approved \$ _____ |
| <input type="checkbox"/> PST Number Verified _____ | <input type="checkbox"/> Wholesale approved. _____      |
| <input type="checkbox"/> GST Number Verified _____ | <input type="checkbox"/> Salesperson _____              |

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_