

**NO SWEAT Valve Wraps, Inc.
CREDIT APPLICATION
FAX TO: 302-731-0932**

Name: _____	Phone: _____
Address: _____	Fax: _____
_____	President: _____
City: _____	Treasurer: _____
State: _____ Zip: _____	A/P Supr: _____

REFERENCES:

BANK Name: _____ Acct #: _____ Address: _____ Phone: _____ Contact: _____
SUPPLIER #1 Name: _____ Address: _____ Phone: _____ Contact: _____
SUPPLIER #2 Name: _____ Address: _____ Phone: _____ Contact: _____
SUPPLIER #3 Name: _____ Address: _____ Phone: _____ Contact: _____

Tax Exemption #: _____ (Please enclose exemption certificate)

Credit Limit requested: \$ _____

CUSTOMER SIGNATURE: _____

**P.O. Box 420
Newark, Delaware 19715-0420
800-416-4610
www.ValveWraps.com**