



OxygenPlus

Medical Systems Inc.

12801 Moneta Rd. Suite B

Moneta, VA 24121

Phone: 1-540-297-3257 -- Fax: 1-540-297-3560

Email: info@oxygenplusmedical.com

Credit Application

General Information

Business Name: _____ Primary Contact Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Billing Information

Billing Address: _____ Billing City: _____

Billing State: _____ Billing Postal/Zip Code: _____

Billing Country: _____

Shipping Information

Check here if same as billing

Ship To Address: _____ Ship To City: _____

Ship To State: _____ Ship To Postal/Zip Code: _____

Ship To Country: _____

Financial Information

Years in Business: _____ Company structure: Sole Owner Partnership

Principals: _____ Corporation

Accounts Payable Contact: _____ Accounts Payable Phone Number: _____

Bank Reference: _____

Bank Account #: _____ Bank Phone Number: _____

Credit References

Please provide three credit references

Company Name: _____ Phone Number: _____

Company Name: _____ Phone Number: _____

Company Name: _____ Phone Number: _____

I verify that I am authorized to and hereby grant permission for _____ to release credit information to

OxygenPlus Medical Systems, Inc. 12801 Moneta Rd. Suite B - Moneta, VA 24121

Signature: _____ Date: _____

Your Name: _____ Your Title: _____

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