



OxygenPlus Medical Systems, Inc.
12801 Moneta Rd. Suite B
PO Box 255 Moneta, VA 24121
Email: corporate@oxygenplusmedical.com

Credit Application

General Information

Business Name: Primary Contact Number:
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 Ownership:
Principals: Partnership:
Accounts Payable Contact: Accounts Payable Corporation:
Phone Number:
Bank Reference: Bank Phone Number:
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, PO Box 255 – Moneta, VA 24121

Signature: Date:
Your Name: Your Title:

OxygenPlus Medical Systems, Inc.
12801 Moneta Rd. Suite B
PO Box 255 – Moneta, VA 24121

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

www.oxygenplusmedical.com – email: corporate@oxygenplusmedical.com