

CREDIT APPLICATION AND AGREEMENT



OXYGEN *Service* COMPANY, INC.

"An Employee Owned Company"

Company Information

Full Legal Name/Business Entity		Doing Business As (DBA)		Phone		Fax	
Billing Address				City	State	Zip	
Delivery Address (if different)				City	State	Zip	
Company Type (Please check):		Proprietorship	Partnership	Franchise	Corporation	Other:	
No. of Employees	Year Business Established	Annual Sales	Type of Business		E-Mail Address	Website	
Federal Tax ID (if incorporated)	State of Incorporation	State Sales Tax Exemption Number (Attach form)			Purchasing Contact	Payables Contact	

Owners and Principals

Full Name (including middle initial)		Title	Driver's License #	Phone
Home Address		City	State	Zip
Full Name (including middle initial)		Title	Driver's License #	Phone
Home Address		City	State	Zip

Bank References

Bank Name	Account Number	Contact	Phone
Address	City	State	Zip Fax

Trade Credit References

Company Name	Account Number	Phone
Address	City	State Zip Fax
Company Name	Account Number	Phone
Address	City	State Zip Fax
Company Name	Account Number	Phone
Address	City	State Zip Fax

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. If any default is made in payment of amounts due on this account, we agree to pay all costs of collection, including attorney fees, in accordance with the laws of Minnesota. In case of such default, the President of our corporation shall be deemed to have personally guaranteed all invoices which are owed by us to Oxygen Service Company. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of Oxygen Service Company.

We hereby understand and agree to the following terms and conditions: (a) Claims for deductions will not be allowed unless made within ten days from invoice date; (b) Credit will not be given for goods returned without Oxygen Service Company's consent; and (c) Any returned items may be subject to a twenty percent restocking charge, at Oxygen Service Company's sole discretion.

Authorized Signature:

Print Name/Title:

Date:

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Website: www.oxygenservicecompany.com