

CONFIDENTIAL CREDIT APPLICATION

Bill To:

Name _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Ship To:

Name _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

BUSINESS TYPE: Sole Proprietorship Partnership Corporation - State of _____

Date Founded _____ Tax ID# _____ Credit Limit Requested _____

PARTNERS - OFFICERS

Name/Address/Phone Number/Title/Social Security Number

TRADE REFERENCES

Company Name/Address/Phone Number/Fax Number/Account Number/Contact

BANK REFERENCES

Name/Address/Phone Number/Contact/Account Number

RELEASE AUTHORIZATION

I hereby authorize THE RESPIRATORY GROUP and its assignees to investigate the references, statements or other data herein listed or obtained from me or from another person, pertaining to my credit and financial responsibility. This is also our consent to the bank and trade references listed herein to release any and all information on our accounts to THE RESPIRATORY GROUP and its assignees.

Company Name _____

Signature _____

Date Signed _____

SALES TAX INFORMATION

The undersigned certifies that all tangible personal property purchased from THE RESPIRATORY GROUP, for delivery in the States listed, is exempt from sales tax for the reason(s) indicated below:

_____ Resale as tangible personal property

_____ Non-profit or charitable exempt organization

_____ Purchased to become an integral part of an article manufactured for resale

Other (Please explain): _____

Company Name _____

Address _____

Purchaser agrees to assume all liability for payment of tax if he makes taxable use of the property. This certificate shall remain in effect until revoked in writing.

Signature _____ Title _____

Date _____

Sales Tax Number(s) _____ State(s) of _____

Upon completion of all information, please fax this credit application to:

THE RESPIRATORY GROUP
US RESPIRATORY · PACIFIC CYLINDERS
PENOX TECHNOLOGIES · EMS+

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