

**Reisinger Oxygen Service, inc.**

Supplier of Medical Compressed Gases and Related Equipment

113 Harrison Avenue

Roseland, New Jersey 07068-1218

Phone (800) 557-4321 (973) 228-0188 Fax (973) 228-9271

**CREDIT**  
**APPLICATION**  
**COMMERCIAL**

**APPLICATION INFORMATION**

DATE \_\_\_\_\_

Company Name \_\_\_\_\_ DUNS No. \_\_\_\_\_

Address \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_ Partnership \_\_\_\_\_

Accounts Payable \_\_\_\_\_

Address (if different) \_\_\_\_\_ Corporation in State of \_\_\_\_\_

Account Payable \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_

Number of Employees Here \_\_\_\_\_ Total Sales \_\_\_\_\_ Credit Line \_\_\_\_\_

Volume \_\_\_\_\_ Requested \$ \_\_\_\_\_

No. of Years in Business Under This Name \_\_\_\_\_ No. of Years At This Location \_\_\_\_\_ Total Number Of Employees \_\_\_\_\_

Payment Personal Guaranteed?  Yes  No By: \_\_\_\_\_ Title \_\_\_\_\_

**OWNERSHIP**

Name of Owner \_\_\_\_\_ Phone Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

**TRADE REFERENCES**

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**BANK REFERENCES**

Bank Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**COMMENTS:**

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

Credit Approved By: \_\_\_\_\_ Amount \_\_\_\_\_

Credit Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_