



## O2 FOR U Customer Quote Request Form

Get a fast, competitive quote for your medical gas needs.

### Business Information

Practice Name: \_\_\_\_\_

Contact Person (First & Last Name): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

### Medical Gas Needs

How many Oxygen cylinders do you typically use (weekly, monthly, or per quarter)?

\_\_\_\_\_

How many Nitrous Oxide cylinders do you typically use (weekly, monthly, or per quarter)?

\_\_\_\_\_

Cylinder Size Used (check all that apply): ☐ E Size ☐ K Tank ☐ Not Sure

Do you currently rent your cylinders? ☐ Yes ☐ No

Do you need regulators or hardware? ☐ Yes ☐ No

### Contract Details

Are you under contract? ☐ Yes ☐ No

If yes, when does it expire? \_\_\_\_\_

What do you like or dislike about your current service?

\_\_\_\_\_

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**Preferred Delivery Schedule**

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Flexible / Any Day That Works Best

**Business Hours of Operation**  

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**Additional Notes or Questions:**  

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Return this form to:

Email: [Steve@o2foru.com](mailto:Steve@o2foru.com)

Business Cell: (918) 807-7537 (Text or Call Anytime)

Office: (918) 227-9995

Web: [www.o2foru.com](http://www.o2foru.com)