



Intake Form

Organization Name: _____

Address: _____

Country: _____

Main Contact Name: _____

Main Contact Number: _____ *Please include country code

Main contact email: _____

Contact for Oxygen Alliance (OA): _____ *if different

OA Contact Number: _____ *include country code

OA contact email: _____

Year Established: _____

Annual revenue: _____

Less than \$20,00

Between \$20,000 and \$50,000

Between \$50,000 and \$100,000

Above \$100,000

Main Business Activities: _____

Do you currently repair any medical equipment? _____

_____ *if yes, what?

Do you repair oxygen concentrators? _____

_____ *if yes, which brands

How many people are in your technical team? _____





Please share 2 sentences that you would like to explain about your company to put on the

Oxygen Alliance Website: _____

Why would you like to join the Alliance? _____

Company Website: _____

