

**Customer Information Form
Authorization to Order and Receive Explosives**

Customer: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

BATF License No: _____ Exp Date: _____

Person Authorized to Order Explosives:

Name	Home Address	Soc S Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person Authorized to Sign for and Receive Explosives:

Name	Home Address	Soc S Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Intended Use of the Explosives purchased: _____

Signature of Licensee/permittee: _____

Printed Name: _____

Date: _____