

**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: \_\_\_\_\_