Customer Information Form Attach to Signed Copy of BATF License or Perr							
	BATF REQUIRES THAT	WE OBTAIN THIS INF	ORMATION				
Company Name Contact Name Principal Place of Business Social Security Nu Federal Employer ID N BATF Permit/License N	(If this business operate	es other licensed locations, plea		everse side)			
Type and Expiration							
PERSON(S) AUTHOR	IZED TO ORDER EXPLOS	IVES:					
NAME	HOME ADDRESS	BIRTH PLACE	BIRTH DATE	SOC. SECURITY #			
PERSON(S) AUTHOR	IZED TO SIGN FOR AND F	RECEIVE EXPLOSIVES:	BIRTH DATE	SOC. SECURITY #			
·							
Intended use of Explos (ie: Fireworks Disp Original Signatur Licensee/Permi	re of ttee (Must be the same signature a	s appears on the BATF license or perm	iit)				

	BATF REC	UIRES THAT	WE OBTAIN THIS INF	ORMATION		
U.S. Gov. Entity						
Contact Name						
Mailing Address						
Federal Employer II	D Number					
BATF Permit/License Number		EXEMPT - U.S. Government Entity				
Type and Expiration Date		N/A				
CRSON(S) AUTHOR	IZED TO OR	DER EXPLOSI	VES:			
NAME	НОМЕ	ADDRESS	BIRTH PLACE	BIRTH DATE	SOC. SECURITY #	
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,						
CRSON(S) AUTHOR	IZED TO SIG	IN FOR AND R	ECEIVE EXPLOSIVES:	A consistence of the constitution of the const	A contraction of a contract of	
NAME	HOME ADDRESS		BIRTH PLACE	BIRTH DATE	SOC. SECURITY	
	***************************************	and the second s				
intended use of Explos (ie: Fireworks Disp						
Original Signatur U.S. Government Of						
	(Must	be the same signature as	appears on authorization letter on U.S	S. Government Entity Let	terhead)	
Printed Name	/Title					