



CUSTOMER APPLICATION FOR CREDIT PACKET

FORMS TO BE GIVEN TO THE CUSTOMER:

- Application for Credit Packet (includes Credit Application, Authorized Signers List, Tax Exemption Request form, Bank Credit Information Request Form and Email Invoice Request form)

ALL FORMS MUST BE COMPLETED IN FULL AND DATED & SIGNED BY THE CUSTOMER. PLEASE RETURN CHECKLIST WITH COMPLETED FORMS TO MY ATTENTION (via US Mail or Email):

Independent Explosives
103 Old Windsor Rd
Bloomfield, CT 06002
Attn: Lisa Salza

EMAIL: lsalza@iexpesco.com

APPLICATION FOR CREDIT

- To be fully completed, dated and signed

AUTHORIZED SIGNATURE LIST

- Requires full name of individuals who are authorized to receive explosive deliveries. The name MUST match the name on their government issued ID
- Statement of Intended Use must be checked
- A signed copy of the current Federal Licenses (BATF) must be attached. Letters of Clearance are NOT acceptable.
- A copy of any State applicable license must be attached
 - Connecticut = ABC (Use, Purchase & Transport)
 - Massachusetts = Explosives User Certificate
 - New Hampshire = Use, Purchase & Transport
 - New York = Own & Possess or License to Deal
 - Pennsylvania = Explosives Purchase Permit (No Longer Applicable)
 - Vermont = Possess, Purchase, Sell, Store, Transfer & Transport

BANK CREDIT INFORMATION REQUEST FORM

- Customer MUST sign or bank will not release information

TAX EXEMPTION CERTIFICATE – MUST ATTACH CERTIFICATE IF ENTITY IS TAX EXEMPT

- Tax Exemption Certificate must be issued for the ship to address or pick up location and in the correct entity name
- Tax Exemption Certificate must be issued to:
 - Independent Explosives – P.O. Box 1140 – Gardiner, ME 04345

EMAIL INVOICES

- Customers have the option to have their IEX invoices emailed. Complete the enclosed form and return with Application for Credit packet information



Independent Explosives
103 Old Windsor Rd
Bloomfield, CT 06002

888-658-3966 toll free
860-243-0137 phone

APPLICATION FOR CREDIT

GENERAL

Name _____ Email: _____
Billing Address _____
City, State, Zip _____
Street Address if Different _____
Phone # _____ Fax # _____
Owner's Name _____ Years in Business _____
Number of Years at this Location _____ Number of Employees _____
Have you ever done business under a different name and if so what was the name? _____

Date _____
Tax ID Or SS # _____
Type of Business: ☐ Corporation ☐ Partnership
☐ Parent Company or Owner
☐ Sole Proprietorship
In State of _____
Exempt from Sales Tax? (if yes, please attach copy of the
Tax Exemption Certificate): ☐ Yes ☐ No
Anticipated Monthly Sales: \$ _____

OWNERSHIP

If Corporation, Name Officers.

If Partnership, Name Partners.

If Proprietorship, Name Owner

Contact	Title	Address	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRADE REFERENCE

Name	Address	Contact	Phone #	Fax #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

CREDIT REFERENCE

CHECKING ACCOUNT

Bank Name _____ Account # _____
Address _____
Contact _____ Phone # _____ Fax # _____

SAVINGS ACCOUNT

Bank Name _____ Account # _____
Address _____
Contact _____ Phone # _____ Fax # _____

CONSTRUCTION FINANCING

Name _____ Amount Approved _____
Address _____
Contact _____ Phone # _____ Fax # _____

All statements herein are true and accurate. We authorize any of the trade and/ or credit references named above to respond to any inquiries into our credit worthiness and financial responsibility with complete and accurate information.

The Contractor/Buyer agrees to pay for all purchases according to the terms agreed upon with Subcontractor/Seller. All accounts shall be due and payable in U.S dollars. No terms or conditions of purchase orders different from the terms of Subcontractor/Seller will become part of any sales agreement, purchase order or other document unless specifically approved in a separate writing by Subcontractor/Seller. No items will be accepted for return without prior approval and all returns will be subject to a restocking charge.

The Contractor/Buyer will make payment within 30 Days of receipt of invoice and will pay interest at a rate of 1 1/2% per month on past due balances. Any fees, costs or expenses, including legal fees, incurred by the Subcontractor/Seller associated with receipt of payment shall be paid by the Contractor/Buyer.

Date _____ Authorized Signature _____

Guaranty: In consideration of the agreement between Subcontractor/Seller and Contractor/Buyer, I/We hereby, jointly and severally, unconditionally guarantee prompt personal payment, when due, of any and all debts and obligations due to Subcontractor/Seller by the applicant and agree to pay all costs and expenses, including reasonable attorney's fees, incurred in enforcing this guaranty. We waive all right to notice of default, presentment, demand for payment, protest and all other notices of every kind. This shall be an open guaranty and continue in force notwithstanding any change in the form of such indebtedness or renewals of extensions thereof, without obtaining my/our consent hereto.

Date _____ Authorized Signature _____



AUTHORIZED SIGNATURE LIST

FOR OFFICE USE ONLY: CUSTOMER # _____

CUSTOMER NAME _____	FEDERAL /BATF PERMIT # _____
MAILING ADDRESS _____	FEDERAL PERMIT EXPIRATION DATE _____
_____	TAXPAYER (EMPLOYER) ID _____
COUNTY _____	STATE LICENSE / PERMIT # _____

PHONE NUMBER _____	FAX NUMBER _____
EMAIL INVOICES YES _____ NO _____	
EMAIL ADDRESS FOR INVOICES _____	

STATEMENT OF INTENDED USE (CHECK APPROPRIATE LINES)

MINING _____ CONSTRUCTION _____ QUARRYING _____ AGRICULTURE _____ ROAD BUILDING _____ RESALE _____

EMPLOYEES AUTHORIZED TO RECEIVE EXPLOSIVES MATERIALS

FULL NAME (AS APPEARS ON GOVERNMENT ISSUED IDENTIFICATION)

Adding the employee name & checking the appropriate box to the right can make additions during the year. To remove an employee from your signers list, check the delete box next to the employee's name and complete the date.

PRINT FULL NAME	CURRENT ADDRESS/ CITY/ STATE/ ZIP	DATE OF BIRTH	
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____
_____	_____	_____	Add ☐ Delete ☐ Date _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED _____ **TITLE** _____ **DATE** _____



ADDITIONAL AUTHORIZED PERSONS:

FULL NAME (AS APPEARS ON GOVERNMENTS ISSUED IDENTIFICATION)

PRINT FULL NAME

CURRENT ADDRESS/ CITY/ STATE/ ZIP

DATE OF BIRTH

_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____
_____	Add ☐ Delete ☐ Date _____



BANK CREDIT INFORMATION REQUEST

TO:

RE:

ACCOUNT:

DATE:

TO WHOM IT MAY CONCERN:

THE ABOVE REFERENCED CUSTOMER HAS APPLIED FOR CREDIT WITH INDEPENDENT EXPLOSIVES AND HAS LISTED YOUR ORGANIZATION AS A REFERENCE. TO ASSIST US IN MAKING OUR CREDIT DECISION, PLEASE PROVIDE US WITH THE BELOW INFORMATION AND RETURN TO THE BELOW LISTED FAX NUMBER:

DATE ACCOUNT OPENED:

CHECKING ACCOUNT AVG BALANCE:

LINE OF CREDIT AVAILABLE:

ANY "NSF" CHECKS

ADDITIONAL INFORMATION:

ANY INFORMATION RECEIVED FROM YOU WILL BE HELD CONFIDENTIAL.

SINCERELY,

Lisa Salza

LISA A SALZA
ACCOUNTING SPECIALIST
PHONE: 860-243-0137
EMAIL: lsalza@iexpesco.com

CUSTOMER SIGNATURE: _____

(Required in order for your bank to release the above information)



SALES TAX/ SALES TAX EXEMPTION

This memo is designed to inform you of our sales tax exemption process at Independent Explosives.

Your company is required to submit a properly executed and signed sales tax exemption certificate for each state to which you plan to have product *shipped* or each state in which you plan to *pick up* product from us at one of our locations. There are a variety of forms that are applicable based on the individual laws in each state (i.e. resale certificates, machinery exemption, streamlines sales tax form and/ or direct pay permit). A sales tax license in a particular state does not grant the ability to purchase product without being charged sales tax,

To insure that your account is being properly maintained within our system, sales tax information is required.

Please complete & check one:

Company Name: _____

Today's Date: _____

Company is to be invoiced for sales tax on all deliveries/ services performed _____

Company is exempt from paying sales tax (excludes NH) _____

If it has been indicated that your company is exempt from paying sales tax, please attach the proper tax exemption form. **The vendor name should appear as follows:**

Independent Explosives
P.O. Box 1140
Gardiner, ME 04345

If a tax exemption form is not on file with Independent Explosives, we will be required to charge all applicable sales tax.

Please return this form along with the proper tax exemption form to:

Independent Explosives
103 Old Windsor Rd
Bloomfield, CT 06002

Sincerely,

Lisa Salza

Lisa A Salza
Accounting Specialist
Phone: 860-243-0137
Email: lsalza@icxpco.com



RECEIVE YOUR INVOICES ELECTRONICALLY!

Independent Explosives is very excited about offering a new service to all of our customers! You may now receive your Independent Explosive's invoice electronically.

There are many reasons to receiving your Independent Explosive's invoice electronically: the increasing price of postage, mail that is lost or delayed and reducing the use of paper in a paperless society.

If you are interested in receiving your Independent Explosive's invoice electronically, please complete the information below and return to my attention. Once I have received your email address and contact information, it will be entered in to our system and you will no longer receive a paper invoice.

Today's Date: _____

Company Name: _____ (Please Print)

Contact Person: _____ (Please Print)

Email Address: _____ (Please Print)

If you would like to continue receiving your invoices thru the U.S Mail you need do nothing.

Thank you in advance for your continued business and support!

Sincerely,

Lisa Salza

Lisa A Salza
Accounting Specialist
Phone: 860-243-0137
Email: lsalza@iexpSCO.com