



Revised 4/3/2024

## **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 & Statement 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  
88 Gold Ledge Ave  
Auburn, NH 03032  
Attn: Lisa Salza

EMAIL: [lsalza@iexpsco.com](mailto:lsalza@iexpsco.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 License must be attached. Letters of Clearance are NOT acceptable
- A copy of any/ all 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  - Pennsylvania = Explosives Purchase Permit (No Longer Applicable)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 & STATEMENTS**

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



**Independent Explosives**

88 Gold Ledge Avenue  
Auburn, NH 03032

855-439-7726 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 #	Email Address
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 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 #** \_\_\_\_\_

<b>CUSTOMER NAME</b> _____
<b>MAILING ADDRESS</b> _____ _____
<b>COUNTY</b> _____

<b>FEDERAL /BATF PERMIT #</b> _____
<b>FEDERAL PERMIT EXPIRATION DATE</b> _____
<b>TAXPAYER (EMPLOYER) ID</b> _____
<b>STATE LICENSE / PERMIT #</b> _____

<b>PHONE NUMBER</b> _____	<b>FAX NUMBER</b> _____
<b>EMAIL INVOICES YES</b> _____ <b>NO</b> _____	
<b>EMAIL ADDRESS FOR INVOICES</b> _____	

<b>STATEMENT OF INTENDED USE (CHECK APPROPRIATE LINES)</b>					
MINING	CONSTRUCTION	QUARRYING	AGRICULTURE	ROAD BUILDING	RESALE

<b>EMPLOYEES AUTHORIZED TO RECEIVE EXPLOSIVES MATERIALS</b>		
<b>FULL NAME (AS APPEARS ON GOVERNMENT ISSUED IDENTIFICATION)</b>		
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.		
<b>PRINT FULL NAME</b>	<b>CURRENT ADDRESS/ CITY/ STATE/ ZIP</b>	<b>DATE OF BIRTH</b>
_____	_____	Add <input type="checkbox"/> Delete <input type="checkbox"/> Date _____
_____	_____	Add <input type="checkbox"/> Delete <input type="checkbox"/> Date _____
_____	_____	Add <input type="checkbox"/> Delete <input type="checkbox"/> Date _____
_____	_____	Add <input type="checkbox"/> Delete <input type="checkbox"/> Date _____
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_____	_____	Add <input type="checkbox"/> Delete <input type="checkbox"/> Date _____
_____	_____	Add <input type="checkbox"/> Delete <input type="checkbox"/> Date _____

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

<b>SIGNED</b> _____	<b>TITLE</b> _____	<b>DATE</b> _____
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## 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@iexpsco.com](mailto:lsalza@iexpsco.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, M E 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  
88 Gold Ledge Ave  
Auburn, NH 03032

Sincerely,

*Lisa Salza*

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



## RECEIVE YOUR INVOICES & STATEMENTS ELECTRONICALLY!

Independent Explosives is very excited about offering an additional service to all our customers! You may now receive your Independent Explosive's invoice AND monthly statement electronically.

There are many reasons to receive your documents 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 and/ or statement 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 into our system and you will no longer receive a paper invoice or statement.

Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ (Please Print)

Contact Person for INVOICES: \_\_\_\_\_ (Please Print)

Email Address for INVOICES: \_\_\_\_\_ (Please Print)

Contact Person for MONTHLY STATEMENT: \_\_\_\_\_ (Please Print)

Email Address for MONTHLY STATEMENT: \_\_\_\_\_ (Please Print)

If you would like to continue receiving your invoices and/ or statements thru the U.S Mail you do not need to do anything. 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](mailto:lsalza@iexpSCO.com)