



## 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.		
PRINT FULL NAME	CURRENT ADDRESS/ CITY/ STATE/ ZIP	DATE OF BIRTH
_____	_____	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 _____
_____	_____	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.**

**SIGNED** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## 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)