



5735 US Highway 1 North • Southern Pines, NC 28387  
Phone: (910) 692-6898 • Fax: (910) 692-8114

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## Authorization to Order

Customer: \_\_\_\_\_

Please list below the persons authorized "To Order" for explosives on behalf of your company/agency. Ensure personnel are on your cleared certificate as Responsible persons or employee processor.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Birth Place: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Birth Place: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Birth Place: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Birth Place: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

I certify the above information to be true.

\_\_\_\_\_  
Authorized Signature & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name & Title