



Customer and ATF Information Form

Customer: _____
Company Name: _____
Primary Business Address: _____

PHONE: _____ FAX: _____

EMAIL: _____

Federal Tax ID # _____ **State Tax ID #** _____

BATF License No.: _____ **Expiration Date** _____

PERSON(S) AUTHORIZED TO ORDER EXPLOSIVES

Name **Home Address**

PERSON(S) AUTHORIZED TO SIGN FOR & RECEIVE EXPLOSIVES

Name **Home Address**

Intended use of the explosive materials (i.e. Fireworks Display)

Signature of Licensee/Permittee(required) _____
(Must be the same signature as appears on the BATF license or permit)

Printed Name: _____

Date: _____

Please email copies of any ATF, state and local licenses with completed form to:
pyroamvalerie@aol.com AND **pyromanda2@aol.com**

OR print and return to: Pyroam, Inc., 226 Inverness Dr. SW, Huntsville, AL 35802