



## CREDIT CARD FORM

All information will be kept in strict confidence and used only by Kroll International, LLC.  
**THIS APPLICATION CAN BE REJECTED DUE TO INCOMPLETE ANSWERS TO THE FOLLOWING QUESTIONS.**

### Company Information:

Full Company Name: \_\_\_\_\_

Company Account #: \_\_\_\_\_

### Credit Card Information:

Card Type (Check One): [  ] American Express [  ] Mastercard [  ] VISA

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_ / \_\_\_\_\_ Card Verification Number: \_\_\_\_\_

Card Holders Name (As printed on the card): \_\_\_\_\_

### Billing Information

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I agree to have the total amount of the invoice billed to my above listed credit card. I further agree to pay the total amount in accordance with the Card Issuer Agreement.

Signature: X \_\_\_\_\_

### Card on File

[  ] Check here to have Kroll International, LLC retain this credit card information for future purchases.

***Email to [customerservice@krollcorp.com](mailto:customerservice@krollcorp.com) or fax to 586-739-0600 .***

**For your convenience, we accept the American Express® Card and other major credit cards.**

