

CREDIT CARD/PREPAY ACCOUNT APPLICATION

*Credit terms may be applied for once your account application has been processed and a sales manager has been assigned.

Account Requested: ☐ CREDIT CARD

Company Name _____

Legal Name _____

Length of Time in Business _____ Length of Time at Current Address _____

Billing Address _____

City, State, Zip, Country _____

Telephone _____ FAX _____

Business E-Mail _____

Company Website (If Applicable) _____

SHIPPING INFORMATION

Ship To (If Different Than Above) _____

Address _____

City, State, Zip _____

Telephone _____ FAX _____

E-Mail _____

OFFICER(S) INFORMATION

Name _____

Title _____

Home Address _____

E-Mail _____

Home Phone Number _____

Driver's License Number _____

Name _____

Title _____

Home Address _____

E-Mail _____

Home Phone Number _____

Driver's License Number _____

If Applicant, Affiliates or Principals have ever done business with Kroll International, LLC, please list name(s) and address(es):

Please FAX this **Application, State Sales License** and
Your State's **Tax Exempt Form** to **586-739-0600**
or e-mail them to **customerservice@krollcorp.com**

TYPE OF RETAIL BUSINESS

Catalog Sales _____
 Internet Sales _____
 Store Front _____
 Trade Shows _____
 Bids Only _____
 Home Based _____

LEGAL STRUCTURE
(CHECK ALL THAT APPLY)

- ☐ Corporation (Specify Date Inc.) _____
☐ Partnership (Specify Number of Years) _____
☐ Sole Proprietor (Specify Number of Years) _____
☐ LLC

BUSINESS CATEGORY
CHECK ALL THAT APPLY

- ☐ Cutlery / Knives
☐ Embroidery & Apparel
☐ Fire & Rescue / EMS
☐ Firearms / Ammunition
☐ Flashlights/Illumination
☐ Law Enforcement
☐ Military & Tactical
☐ Outdoor & Shooting
☐ Security
☐ Shooting Range
☐ Specialty
☐ Other _____

**HOW DID YOU
HEAR ABOUT US ?**

Advertisement _____
 Press Release _____
 Trade Show _____
 Established Customer _____
 Web Site _____
 Other _____

DO YOU HAVE AN?

- ☐ FFL
☐ SOT

CREDIT CARD ONLY - COMPLETE BELOW AND CREDIT CARD AUTHORIZATION ON THE NEXT PAGE

I have acknowledged Kroll International's credit card authorization form and agree to its credit card terms and conditions for the

☐ American Express ☐ MasterCard ☐ VISA ending in (last 4 digits) _____

Authorized Signature _____ Date _____
 Print Name _____ Title _____

**CREDIT CARD
AUTHORIZATION**

I do hereby authorize Kroll International, LLC ("Kroll") to process credit card transactions from the information provided hereon. I agree that credit card orders will be charged to my credit card account at the time of shipment. I understand credit card orders are an alternative to credit terms, and orders that are invoiced under credit terms may not be paid via credit card. I agree that Kroll may charge the cost of an order to my credit card account listed below, without having to obtain the undersigned's signature on each individual credit card transaction. I also agree orders processed under a credit card do not qualify for any discounts that may be available under credit terms.

I agree that it is my sole responsibility to notify Kroll International, LLC in writing, of any changes to the information listed above. Kroll International, LLC will not be held liable for any unauthorized purchases and charges to the credit card account(s) listed above as a result of failure to receive written notification of said changes. I agree in the event any terms or pricing on a purchase order executed by my company are inconsistent with Kroll's terms, pricing and policies; Kroll's terms, pricing and policies shall take precedence. Kroll must consent to any modifications in writing. I agree to examine merchandise immediately upon receipt, and to advise Kroll of any disputed transactions within 10 days of receipt. Failure to notify Kroll of any dispute with respect to defective goods shall constitute a waiver of all such disputes. I also agree that my company is fully responsible for any obligation not paid pursuant to this authorization. My signature below confirms that I have the authority to bind the business and/or person(s) named below as a customer to this agreement, and that I understand and accept the terms and conditions presented.

TERMS AND CONDITIONS

I have completed this application to obtain an account with Kroll International, LLC ("Kroll") and certify that all statements contained herein are true and correct. I also hereby certify that I have read, understand and agree to the Kroll international, LLC Terms and Conditions listed on their website in the Resource Center.

Signature X _____ Date _____
 Print Name _____ Title _____

KROLL

CREDIT CARD FORM

All information will be kept in strict confidence and used only by Kroll International, LLC.

Company Information:

Full Company Name: _____

Company Account #: _____ Amount of Charge: _____

Credit Card Information:

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

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.

Fax to 586-739-0600 or email to customerservice@krollcorp.com.

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

