



APPLICATION FOR OPEN TERMS ACCOUNT

Company Name _____
Legal Name _____
Length of Time in Business _____ Length of Time at Current Address _____
Address _____
City, State, Zip _____
Telephone _____ FAX _____
E-Mail _____

SHIPPING INFORMATION

Ship To (If Different) _____
Address _____
City, State, Zip _____
Telephone _____ FAX _____
E-Mail _____

PRINCIPALS - REFERENCE INFORMATION

President Name _____	Vice-President Name _____
Home Address _____	Home Address _____
Social Security Number (optional) _____	Social Security Number (optional) _____
Home Phone Number _____	Home Phone Number _____
Driver's License 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):

LEGAL STRUCTURE

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

TYPE OF BUSINESS

Catalog Sales% _____
Internet Sales % _____
Store Front % _____
Trade Shows % _____

SEND ALL PAYMENTS TO

Kroll International, LLC
P.O. Box 58
Troy, MI 48099-0058

BUSINESS MODEL CHECK ALL THAT APPLY

- Knives / Cutlery _____
- Embroidery & Apparel Webstore (Only) _____
- Fire & Rescue / EMS _____
- Firearms / Ammunition _____
- Law Enforcement _____
- Military & Tactical _____
- Outdoor & Shooting _____
- Security _____
- Shooting Range _____
- Other _____

DID YOU VISIT US AT A TRADE SHOW ?

YES OR NO

If Yes where ? _____

HOW DID YOU HEAR ABOUT US ?

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

Confirmation of Information: Accuracy and Release of Authority to Verify

I hereby certify that the information in this Application for Open Account is correct. The information included in this Credit Application is for use by Kroll International, LLC ("Kroll") in determining the amount and conditions of credit to be extended. I understand that Kroll may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the Bank and Trade References listed in this Credit Application to release the information necessary to assist Kroll® in establishing terms. I promise to pay for each purchase within the assigned terms. For all accounts past due, I agree to a 1.5% service charge on the unpaid monthly balance, which is an annual rate of 18%. Default will occur if payment due is not received in sixty (60) days after the date of the invoice. I further assume responsibility for all purchasing agents and employees of the undersigned until written notice to the contrary is given.

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



Requested Credit Limit _____

Accounts Payable: E-Mail **ALL** Invoices To _____

BANK REFERENCE

Name _____ Contact _____

City _____ State _____ Phone _____

Checking Acct. # _____ Savings Acct. # _____

Loan(s) Acct. # _____

CURRENT TRADE REFERENCES

1. Company Name _____ City _____ State _____

Telephone _____ E-Mail _____ FAX _____ Acct. # _____

2. Company Name _____ City _____ State _____

Telephone _____ E-Mail _____ FAX _____ Acct. # _____

3. Company Name _____ City _____ State _____

Telephone _____ E-Mail _____ FAX _____ Acct. # _____

4. Company Name _____ City _____ State _____

Telephone _____ E-Mail _____ FAX _____ Acct. # _____

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 am authorized by the credit applicant to execute this document on its behalf. Applicant agrees that credit inquiries may be made, and authorizes the release of such information to Kroll International, LLC. Unless otherwise agreed in writing by Kroll, Applicant agrees that any credit granted shall be paid promptly in accordance with Kroll (Net 30 Day) terms, pricing and policies (Kroll policies are included in our published price list). Applicant also agrees that any terms proposed by Applicant that are inconsistent with these terms or any other Kroll terms, pricing and policies, whether in Applicant's terms and conditions, purchase order, acknowledgement, invoice or otherwise, are unacceptable to Kroll, are expressly rejected by Kroll, and will not become part of the purchase order, but shall not operate as a rejection of the purchase order if Kroll accepts the purchase order, in which case the purchase order shall be deemed accepted by Kroll, but without any of Applicant's proposed inconsistent terms. Notwithstanding any request or term by Applicant to the contrary, Kroll grants Applicant the rights and license to use product information belonging to a third party but only to the extent Kroll is contractually authorized to do so by such third party. Applicant must notify Kroll in writing of any change in legal structure and/or ownership. In the event other entities or individuals order merchandise using the Applicant's account without Kroll receiving proper written notification, it is agreed that both the Applicant and/or such other entities or individuals receiving the merchandise shall be obligated for all amounts due. Applicant agrees that credit may be cancelled/revoked at any time without notice, and in the event of default, to pay collection charges, actual attorney fees, and court costs. Kroll may change credit limits or other credit terms at any time, in its sole discretion. Kroll also reserves the right to suspend performance on any purchase order until payment is received for any unpaid past due balance. Applicant agrees 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. Service charges up to 1½% per month, or the maximum amount allowed by law, to any balance not paid in accordance with Kroll terms and conditions. KROLL DISCLAIMS AND MAKES NO REPRESENTATION OR WARRANTY WHATSOEVER AS TO ANY PRODUCT, WHETHER AS TO QUALITY, PRODUCTION, CAPACITY OR CAPABILITY, MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE, OR ANY OTHER WARRANTY, EXPRESS OR IMPLIED. KROLL DOES NOT MAKE ANY REPRESENTATIONS AS TO THE ACCURACY OR COMPLETENESS OF ANY PRODUCT INFORMATION PROVIDED TO APPLICANT, AND KROLL SHALL NOT BE LIABLE TO APPLICANT FOR ANY CONSEQUENTIAL, SPECIAL, PUNITIVE OR INDIRECT DAMAGES, INCLUDING LOST PROFITS OR OPPORTUNITIES. These terms and conditions are governed by the laws of the State of Michigan.

Authorized Signature _____ Date _____

Title _____

By signing this document, I agree to follow all manufacturer mandates and regulations regarding the purchase and resale of any and all products. Mandates can include but are not limited to: department or agency bids at any level, MAP Policies, geographical product sales restrictions, notifications of stop-sales, resale to other dealers and distributors, third party e-commerce sales and distribution, use of manufacturer logos and/or trademarks, sale of products via e-commerce channels, use of proprietary licenses and/or designs, and third party shipping by wholesaler or distributor. I understand that Kroll has no control over any restrictions that manufacturers mandate and/or regulate, and I agree to hold blameless and free from fault in any litigation arising from Kroll adherence and/or enforcement of manufacturer mandates. I further understand that any/or all mandates or regulations can change from any manufacturer, at any time, without prior notification. Violation of any of the previously mentioned mandates can result in termination of dealer account privileges/rights at the discretion of Kroll.

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

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)
Name of Purchaser
Business Address City State Zip
Purchaser must provide minimum of one ID number below.*
Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate. TID# (10 digits) LOC# (3 digits)
If not registered with the Indiana DOR, provide your State Tax ID Number from another State. State ID# State of Issue
*See instructions on the reverse side if you do not have either number.

Section 2
Is this a blanket purchase exemption request or a single purchase exemption request? (check one)
Description of items to be purchased.

Section 3
Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)
Sales to a retailer, wholesaler, or manufacturer for resale only.
Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT#
Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
Sales to the United States Federal Government - show agency name. Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
Other - explain.

Section 4
I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.
I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.
Signature of Purchaser Date
Printed Name Title

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

Form ST-105
General Information and Instructions

All four (4) sections of the ST-105 must be completed or the exemption is not valid and the seller is responsible for the collection of the Indiana sales tax.

Section 1 Instructions

- A) **This section requires an identification number.** In most cases this number will be an Indiana Department of Revenue issued Taxpayer Identification Number (TID# - see note below) used for Indiana sales and/or withholding tax reporting. If the purchaser is from another state and does not possess an Indiana TID#, a resident state's business license, or State issued ID# must be provided.
- B) **Exceptions** - For a purchaser not possessing either an Indiana TID# or another State ID#, the following may be used in lieu of this requirement.
- Federal Government** – place your FID# in the State ID# space.
- Farmer** – place your SS# or FID# in the State ID# space.
- Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SS# or FID# in the State ID# space.
- Nonprofit Organization** – must show its FID# in the State ID# space.

Section 2 Instructions

- A) Check a box to indicate if this is a single purchase or blanket exemption.
- B) Describe product being purchased.

Section 3 Instructions

- A) Purchaser must check the reason for exemption.
- B) Purchaser must be able to provide additional information if requested.

Section 4 Instructions

- A) Purchaser must sign and date the form.
- B) Printed name and title of signer must be shown.

Note: The Indiana Taxpayer Identification Number (TID#) is a ten (10) digit number followed by a three (3) digit LOC#. The TID# is also known as the following:

- a) Registered Retail Merchant Certificate
- b) Tax Exempt Identification Number
- c) Sales Tax Identification Number
- d) Withholding Tax Identification Number

The Registered Retail Merchant Certificate issued by the Indiana Department of Revenue shows the TID# (10 digits) and the LOC# (3 digits) at the top right of the certificate.