Kroll
The Risk Consulting Company
Kroll Background America, Inc.

MEMBERSHIP APPLICATION

Date of Application:_____

***Please complete all information in its entirety. Print clearly and legibly to help ensure prompt and accurate processing.**

COMPANY INFORMATION

- Company Name:_____
- Other Business Name(s) or dba (if applicable):_____
- Website Address:_____
- Physical Address: _____
  Street City State Zip Code

ABOUT YOUR COMPANY

- Type of ownership (please check one): __ sole proprietorship __ partnership __corporation

(If you are a sole proprietorship or a partnership attach sufficient verification of your business license from county or state government; If you are a corporation attach sufficient verification from state or federal government.)

- Business location type (please check one): ___ Commercial Setting ___ Residential Setting
- Separate business phone line (applicable to residential only): ___ yes ___ no
- Industry/type of business:_____ Industry Code (if available):_____
- Does your state require your company to have an industry license? ___ yes ___ no (if yes, attach a copy of such license; if no, attach proof that you are a bona fide business (i.e. copy of Articles of incorporation with proof of filing)
- Number of Years in Business: _____years _____months Number of Employees:_____

If your company is publicly traded and listed on a major Stock Exchange please complete section A below, if not, complete Section B:

A. Stock Exchange:_____ Symbol:_____
*Attach a certified copy of your company's audited annual or quarterly statements submitted to the Securities Exchange Commission **or** Documentation of your ticker symbol information from trading website.

If your company is not publicly traded, please provide the following information for two Partners or Corporate Officers:

B. 1._____(_____)_____
Name Title Phone Number
2._____(_____)_____
Name Title Phone Number

BILLING INFORMATION

- Contact Name:_____ Email:_____
- Phone Number: (_____) _____ Fax Number: (_____) _____
- Address: _____
  Street City State Zip Code

EXECUTIVE CONTACT (individual responsible for background check or drug screening programs)

- Contact Name:_____ Email:_____
- Phone Number: (_____) _____ Fax Number: (_____) _____
- Address: _____
  Street City State Zip Code

© 2003, KROLL BACKGROUND AMERICA, INC, All RIGHTS RESERVED

Kroll
The Risk Consulting Company
Kroll Background America, Inc.

ACCESSING REPORTS

- Number of Consumer/Investigative Reports you will be accessing on a monthly basis_____
- Please describe the permissible purpose(s) pursuant to the FCRA for which Kroll Consumer/Investigative Reports will be used:

_____

_____

_____

_____

TRADE REFERENCE

(Please provide the following information on one of your company's trade references.)

Company:_____ Contact:_____

Account Number:_____

Phone Number: (___)_____ Fax Number: (____)_____

Company Address:_____

Street City State Zip Code

BANK REFERENCE

(Please provide us with the following information about the bank that maintains your business account.)

- Bank name:_____
- Phone Number: (____)_____ Fax Number: (____)_____
- Bank Address:_____

  Street City State Zip Code
- Business Name on Account (if different than above):_____
- Account Number(s):_____

AUTHORIZATION AND CONSENT

I, the undersigned agent for _____, do hereby authorize **KROLL BACKGROUND AMERICA, INC.**, **("KBA")** to procure all requested consumer reports and/or investigative consumer reports, ("reports") on my company's behalf. I have read and understand the "FCRA Summary" and I will take every reasonable measure to enforce all FCRA requirements within my company. I have listed in detail all permissible purposes for which my company will utilize the information in the reports and I certify that I will only use the reports for those stated permissible purposes which are in compliance with the FCRA regulations. I hereby acknowledge that my company will continuously implement a security access operation in order to conceal and protect all information and documents that my company will receive from KBA. I understand that if the information and/or reports are used for any improper reason, either by my company's personnel or any unauthorized person who is granted access to them, I, not KBA, will be held responsible for any improper use. I will not sell the report(s) to any consumer directly or indirectly. I understand that if my company operates from a residential setting, KBA has the authority to conduct a more in-depth investigation of my company due to the greater security risk from casual disclosure or access, and the mobility of the business. I also acknowledge and authorize KBA the discretion to access stringent documentation of my existence and operations which may include but is not limited to a physical inspection specifically designed to address physical separation from living quarters and security measures restricting access for business needs only. I understand that I, as agent will be assigned my company's "subordinate subscriber code" which will be used for compliance monitoring. If my company qualifies as a publicly traded company, I will supply KBA with such proof which may include either a certified copy of audited or quarterly statements submitted to the Securities Exchange Commission ("SEC"), or documentation of ticker symbol information from a trading website. I understand that all of the aforementioned investigation requirements must be completed prior to KBA allowing my company information access. I certify that all of the above information is accurate and correct.

_____ _____

PRINT COMPANY NAME DATE

_____

PRINT AUTHORIZED AGENT'S NAME

_____

AUTHORIZED AGENT'S SIGNATURE

© 2003, KROLL BACKGROUND AMERICA, INC, All RIGHTS RESERVED