



General Services Division
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 Carson City, Nevada 89706
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| FOR RECORDS USE ONLY |
| UPDATED _____ |
| DATE: _____ |

Brady Firearm Background Account Update Form

ITEMS BEING CHANGED/ADDED (Check **ALL** that apply):

- | | | |
|------------------|-----------------|----------------|
| Physical Address | Mailing Address | E-Mail Address |
| Federal Tax ID | Contact Persons | Phone Number |
| | Fax Number | |

| | |
|---------------|-----------------|
| Company Name: | Federal Tax ID: |
| Account #: | Email Address: |

Primary Information:

Secondary Information:

| <u>Business Physical Address</u> | <u>Secondary Address</u> (if different than physical address) |
|---|--|
| Contact Person: | |
| Address: | |
| City: State: Zip: | |
| Mailing Address: | |
| City: State: Zip: | |
| Telephone: | |
| Fax: | |

Terms: Statements will be mailed each month. In order to maintain a current account, the balance in full must be paid within 10 days of receipt. If a credit limit is granted for this application, the account may be suspended if the credit limit is exceeded or if the account is not current. If an account is suspended, services will not be provided until the account terms are satisfied. Any change to organization information, including address, must be reported within 5 business days.

I, the undersigned, have the authority to apply/change an account on behalf of the Company/Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Department of Public Safety, General Services Division.

| | | |
|------------|---------------|-------|
| Signature: | Printed name: | Date: |
|------------|---------------|-------|