



CIVIL APPLICANT ACCOUNT UPDATE FORM

(one account per form)

ALL information is required unless noted "if applicable". Incomplete forms may result in a processing delay.

For use by DPS RCCD Staff Only
Processed By: FISCAL FSU
Date: \_\_\_\_\_

RCCD Account Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Federal Tax ID # [ ] Current [ ] New -> If "New", please provide the previous Federal Tax ID#

Regulatory Authority (If Applicable) [ ] Add [ ] Delete \_\_\_\_\_

Address Change - applies to (CHECK ALL THAT APPLY): [ ] Physical Location [ ] Billing Address [ ] Response Address

Physical Address \_\_\_\_\_ City - State - Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City - State - Zip \_\_\_\_\_

Contact Information - applies to (CHECK ALL THAT APPLY): [ ] Billing Contact [ ] Response Contact [ ] Add [ ] Delete

Name and Title (printed) \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Information - applies to (CHECK ALL THAT APPLY): [ ] Billing Contact [ ] Response Contact [ ] Add [ ] Delete

Name and Title (printed) \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

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 10 business days. (Initial Here)

\*\*Any payment on account returned for Non-Sufficient Funds will be assessed a \$25.00 fee.\*\*

I, the undersigned, have the authority and am the responsible party to apply for 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, Records, Communications and Compliance Division.

Authorized Company Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Company Representative Name-PRINTED \_\_\_\_\_ Title \_\_\_\_\_