



Records, Communications and Compliance Division
 333 West Nye Lane, Suite 100
 Carson City, Nevada 89706
 Telephone (775) 684-6262 – Fax (775) 687-3232
www.rced.nv.gov

BRADY ACCOUNT APPLICATION

All applications must be completed in full and include a **copy of your current FFL (Federal Firearms License) and a copy of your current Nevada State business license** issued by the Secretary of State (If you need to obtain a copy or apply for a Nevada State business license, please visit www.nvsos.gov) at the time of submission. Incomplete applications will be returned unprocessed. You may fax or email your completed application. You will be notified in writing when the account has been established.

Company Information	
Company Name:	_____
DBA Name:	_____
Federal Firearm License #:	_____ Federal Tax ID #: _____
Estimated number of firearm sales per month:	_____

Contact Information	
<i>Primary Contact Name and Title (printed)</i>	<i>Telephone Number</i>
<i>Email Address</i>	<i>Fax Number</i>
<i>Physical Address</i>	<i>City, State, Zip</i>
<i>Mailing Address</i>	<i>City, State, Zip</i>
<i>Secondary Contact Name and Title (printed)</i>	<i>Telephone Number</i>
<i>Email Address</i>	<i>Fax Number</i>
<i>Billing Contact Name and Title (printed)</i>	<i>Telephone Number</i>
<i>Email Address</i>	<i>Fax Number</i>

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 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 understand that any credit limit associated with this account is at the discretion of the Department of Public Safety, Records, Communications and Compliance Division.

Signature	Name (Printed)	Date
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For use by DPS Fiscal Staff Only		
Account Number: _____	PEND 3 _____	Date: _____
Assigned By: _____	PEND 4 _____	Date: _____
Date: _____	Credit Limit: \$ _____	