



BRADY APPLICANT ACCOUNT UPDATE FORM

(one account per form)

Completed forms can be submitted via mail, e-mail or fax

For use by DPS Fiscal Staff Only

Update Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Federal Tax ID #/Social Security Number [ ] New

FFL/RCCD Account Number \_\_\_\_\_

If "New", please provide the previous Federal Tax ID#/Social Security Number: \_\_\_\_\_

Address Change - applies to: [ ] Physical Location [ ] Billing Address

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

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

Contact Information - applies to: [ ] Primary [ ] Secondary [ ] Billing Contact [ ] Add [ ] Delete

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

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Information - applies to: [ ] Primary [ ] Secondary [ ] Billing 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 the date of the statement. 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.

\*\*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 \_\_\_\_\_