



### BRADY ACCOUNT APPLICATION

All applications must be completed in full and include a **copy of your current FFL (Federal Firearms License)**, a **copy of your Federal Employer Identification Number (FEIN)/Social Security Number (SSN)** issued by the Internal Revenue Service 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](http://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.

<b>Company Information</b>	
Company Name: _____	
DBA Name: _____	Estimated number of firearm sales per month: _____
Federal Firearm License #: _____	Federal Tax ID #: _____
<b>Contact Information</b>	
Primary Contact Name and Title (printed) _____	
Telephone Number <b>(Required)</b> <input type="checkbox"/> Landline <input type="checkbox"/> Cell _____	
Email Address _____	Fax Number _____
Physical Address _____	City, State, Zip _____
Mailing Address _____	City, State, Zip _____
Secondary Contact Name and Title (printed) _____	
Telephone Number _____	
Email Address _____	Fax Number _____
Billing Contact Name and Title (printed) _____	
Telephone Number _____	
Email Address _____	Fax Number _____

**Terms:** An initial credit limit is established based on the "Estimated number of firearm sales per month" indicated on the completed application. Statements will be mailed the first working day of 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. The account may be suspended if the credit limit is exceeded or if the account is past due. If an account is suspended, background check services will not be provided until the account is brought current. The account holder agrees to notify RCCD of **any and all** changes to the business information provided herein 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 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
<b>For use by DPS Fiscal Staff Only</b>		
Account Number: _____	PEND 3 _____	Date: _____
Assigned By: _____	PEND 4 _____	Date: _____
Date: _____	Credit Limit: \$ _____	_____
Add to New Account Spreadsheet: _____		Date: _____
Send Welcome E-Mail _____		Date: _____