



Nevada Department of
Public Safety
Dedication Pride Service

Records, Communications and Compliance Division
333 West Nye Lane, Suite 100 Carson City, Nevada 89706
Telephone (775) 684-6262 Fax (775) 684-3116
ap@dps.state.nv.us www.rccd.nv.gov

CNC ACCOUNT UPDATE FORM
(one account per form)

For use by RCCD Fiscal Staff Only

Update Processed By: _____

Date: _____

Parent Company Name: _____

Sub Account Name: _____

Federal Tax ID # New _____ RCCD Account Number _____

If "New", please provide a copy of Federal Tax ID letter _____

Address Change - applies to: Parent Sub Account Physical Location Billing/Mailing Address

Physical Address _____ City - State - Zip _____

Mailing Address _____ City - State - Zip _____

Contact Information - applies to: Parent Sub Account Billing Contact Add Delete

Name and Title (printed) _____ Telephone Number _____

E-mail Address _____ Fax Number _____

Contact Information - applies to: Parent Sub Account 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 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.

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

I, the undersigned, have the authority to make the changes outlined herein 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 _____