



Nevada Department of Public Safety

Records, Communications and Compliance Division
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Carson City, Nevada 89706
Telephone (775) 684-6262
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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 the previous Federal Tax ID# _____

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 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