



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 _____