

**SHORE DISTRIBUTORS, INC**  
**New Cash Account – Customer Request Form**  
**Fax completed form to: 410-749-6081 ATTN: DEE LEONARD**

NAME \_\_\_\_\_

ADDR1 **CASH ACCOUNT**

ADDR2 \_\_\_\_\_

ADDR3 \_\_\_\_\_

ADDR4 \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

SALES CONTACT \_\_\_\_\_

CREDIT CONTACT \_\_\_\_\_

**\*\*IF TAX EXEMPT – COPY OF TAX EXEMPTION CERTIFICATE REQUIRED\*\***

**FOR SHORE DISTRIBUTORS USE ONLY:**

ALPHA \_\_\_\_\_ BRANCH \_\_\_\_\_ PC \_\_\_\_\_

SLSM 000 OR TERRITORY MGR# \_\_\_\_\_

TAX CODE\*\* MD MDX DE DEX VA VAX (CIRCLE ONE)

FORM SUBMITTED BY: \_\_\_\_\_ date: \_\_\_\_\_

SHORE DISTRIBUTORS ASSOCIATE

INPUT DATE \_\_\_\_\_ ACCOUNT# \_\_\_\_\_