

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# _____