

**CASH ACCOUNT APPLICATION**

**TO:** Shore Distributors, Inc

 P.O. Box 2017

 Salisbury, MD 21802-2017 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Address 1:

Address 2:

Zip:

Phone:

Fax:

Cell:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sales Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

FORM SUBMITTED BY: date:

SHORE DISTRIBUTORS ASSOCIATE

INPUT DATE ACCOUNT#

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

000 OR TERRITORY MGR#

SLSM

 BRANCH PC

ALPHA

**FOR SHORE DISTRIBUTORS USE ONLY:**

**All requests must be submitted through a Shore Sales Associate**