

**CASH ACCOUNT APPLICATION**



**SHORE**  
DISTRIBUTORS, INC.  
SERVING THE DELMARVA PENINSULA

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\*\***

**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# \_\_\_\_\_

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