CASH ACCOUNT APPLICATION

TO: Shore Distributors, Inc
P.O. Box 2017
Salisbury, MD 21802-2017

Submitted by: _____
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