



## Montgomery County Alcohol Beverage Services Licensee Warehouse Pickup Authorization Form

Name of Business: \_\_\_\_\_

ABS Account#: \_\_\_\_\_

Please **add** the following person(s) to this account as being authorized to pickup ABS orders for this business:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Please **remove** the following person(s) from this account. They are no longer authorized to pickup ABS orders for this business. **(ATTENTION: No pickup = No iStore access)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

I authorize the Montgomery County Alcohol Beverage Services to make the changes indicated on this form to my ABS account.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Please return a signed copy of this form by one of the methods listed below.

- Scan and email to [ABS.CSH@MontgomeryCountyMD.gov](mailto:ABS.CSH@MontgomeryCountyMD.gov)
- Fax to 240-777-6654
- Drop off at the Cashier Office during business hours, Monday – Friday 8:00 a.m. – 4:00 p.m.