

DISTRIBUTOR MEMBERSHIP APPLICATION



PLEASE PRINT OR TYPE

650 E. Algonquin Rd. Ste. 305 Schaumburg, 60173 630-574-0650 fax 630-574-0132 www.aednet.org

Company Name _____

Primary Contact for AED Mailings _____ Title _____

Mailing Address _____ Shipping Address (if different) _____

City, State, Zip _____ City, State, Zip _____

Main phone number _____ Main fax number _____

Website _____ Company e-mail _____

Does your firm carry inventory of new construction equipment? Yes No

Does your firm operate a service shop? Yes No

Does your firm employ service mechanics? Yes No

Is your firm free of financial control on the part of the following:

a) Any manufacturer whom you represent? Yes No

b) Any contractor or other customer to whom you sell a substantial part of your annual volume? Yes No

Please check one of the following:

- The majority of equipment we sell is 100-horsepower-plus
- The majority of equipment we sell is <100-horsepower
- The majority of equipment we sell is industrial (material-handling, industrial, engines, etc.)
- We are a rental company

Our principle lines for which we are contractually authorized by the manufacturer are: Please attach on separate sheet for additional lines.

Name of Mfg. _____ Name of Mfg. _____

Product _____ Product _____

Name of Mfg. _____ Name of Mfg. _____

Product _____ Product _____

U.S. DISTRIBUTOR MEMBERSHIP DUES (Please check one)

Gross Annual Revenue	Dues Per Annum	
Under \$5 million	\$1,320	<input type="checkbox"/>
\$5 to \$25 million	\$2,130	<input type="checkbox"/>
\$25 to \$75 million	\$3,755	<input type="checkbox"/>
\$75 to \$150 million	\$4,770	<input type="checkbox"/>
\$150 to \$300 million	\$6,445	<input type="checkbox"/>
\$300 to \$500 million	\$8,020	<input type="checkbox"/>
Over \$500 million	\$10,150	<input type="checkbox"/>

PAYMENT

Check enclosed - Make check payable to **Associated Equipment Distributors** in U.S. Funds.

Charge to: Visa MasterCard American Express

Account No. _____

Exp. Date _____ Name of Cardholder _____

Cardholder Signature _____

Membership investments in AED are not tax deductible as a charitable contribution but a portion is deductible as a business expense. Since AED engages in lobbying, under Federal Law, 20.3% of investments for 2016 non-deductible 79.7% is deductible.

Name _____ Title _____

Signature _____ Date _____