

CANADIAN DISTRIBUTOR

MEMBERSHIP APPLICATION



PLEASE PRINT OR TYPE

650 E. Algonquin Rd. Ste. 305 Schaumburg, IL 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, Prov., Post. _____ City, Prov., Postal Code _____

Main phone number _____ Main fax number _____

Website URL _____ 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 _____

CANADIAN DISTRIBUTOR MEMBERSHIP DUES

Gross Annual Revenue	Dues Per Annum	
Under \$5 million	\$1,065	<input type="checkbox"/>
\$5 to \$10 million	\$1,600	<input type="checkbox"/>
\$10 to \$25 million	\$2,130	<input type="checkbox"/>
\$25 to \$50 million	\$2,715	<input type="checkbox"/>
\$50 to \$100 million	\$3,225	<input type="checkbox"/>
Over \$100 million	\$4,265	<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 _____

We hereby apply for DISTRIBUTOR membership in ASSOCIATED EQUIPMENT DISTRIBUTORS and, if accepted, agree to abide by the Articles of Incorporation and Bylaws of the Association. We enclose our check for one full year's membership dues in accordance with the schedule above.

Name _____ Title _____

Signature _____ Date _____

OFFICE USE ONLY

Date Received _____

Enrollment Date _____

Org. ID# _____