

# DISTRIBUTOR

## MEMBERSHIP APPLICATION

Return completed form to: [bbresson@aednet.org](mailto:bbresson@aednet.org) or 630-214-1055



### Company Information

Company Name: \_\_\_\_\_ DUNS #: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Website URL: \_\_\_\_\_ Company e-mail: \_\_\_\_\_  
Billing Address  
(if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Parent Company (if applicable): \_\_\_\_\_  
Subsidiary (ies) or Division (s) (if applicable): \_\_\_\_\_

### Primary Contact (to receive all membership correspondence)

Prefix:  Dr.  Miss  Mr.  Mrs.  Ms. Job Title: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Direct #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Please list the principal lines for which you are contractually authorized by the manufacturer to distribute (attach a separate sheet for additional lines)

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

### Please answer the following questions about your company

- Does your company carry inventory of new construction equipment?  Yes  No  
Does your company operate a service shop?  Yes  No  
Does your company employ service mechanics?  Yes  No  
Is your company 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 sold is 100+ horsepower  
 The majority of equipment sold is <100 horsepower  
 The majority of equipment sold is industrial  
 We are a rental company

### Method of Payment (US funds only)

**Gross Annual Revenue (check one)**  
 Under \$5 million  
 \$5 to \$25 million  
 \$25 to \$75 million  
 \$75 to \$150 million  
 \$150 to \$300 million  
 \$300 to \$500 million  
 Over \$500 million

**Dues per year:**  
\$1,355  
\$2,185  
\$3,850  
\$4,890  
\$6,605  
\$8,220  
\$10,405

Check enclosed, payable to Associated Equipment Distributors

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Charge Amount: \_\_\_\_\_  
Print Name of Cardholder: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_

Membership dues 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 17.6% of investments for 2017 are non-deductible; 82.4% is deductible

### Membership Acceptance

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.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### For Office Use Only

Date Received:	
Enrollment Date:	
Org ID #:	

ASSOCIATED EQUIPMENT DISTRIBUTORS – 650 E. ALGONQUIN RD., SUITE 305, SCHAUMBURG, IL 60173

(P): 630-574-0650, (F): 630-574-0132 (W): [www.aednet.org](http://www.aednet.org)

THE ASSOCIATION OF LEADERS IN EQUIPMENT DISTRIBUTION

Please provide details on branch locations to be included in the membership benefits that are included in the total gross annual revenue above  
(please attach a separate sheet for additional lines if needed)

Number of Locations: \_\_\_\_\_

Number of Employees (all locations): \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_