

INTERNATIONAL DISTRIBUTOR

MEMBERSHIP APPLICATION

Return completed form to: 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)

Membership Type: International Distributor Membership **Dues per year:** \$1,065

DISCOVER Check enclosed, payable to Associated Equipment Distributors

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

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

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 #: _____