

# CANADIAN 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: **Canada**  
Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Website URL: \_\_\_\_\_ Company e-mail: \_\_\_\_\_  
Billing Address  
(if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: **Canada**  
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)**      **Dues per year:**      **NOTE: To qualify for Canadian Distributor Membership, the company address listed above must be in Canada**

<input type="checkbox"/> Under \$5 million	\$1,120
<input type="checkbox"/> \$5 to \$10 million	\$1,680
<input type="checkbox"/> \$10 to \$25 million	\$2,240
<input type="checkbox"/> \$25 to \$50 million	\$2,855
<input type="checkbox"/> \$50 to \$100 million	\$3,390
<input type="checkbox"/> Over \$100 million	\$4,480

            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 payment 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 #:	

**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 #: \_\_\_\_\_