

US DISTRIBUTOR

MEMBERSHIP APPLICATION

Return completed form to e) smcpherson@aednet.org f) 630-468-5137



Company Information

Company Name: _____ DUNS #: _____
Business Address: _____
City: _____ ST/PR: _____ Zip/Postal Code: _____ Country: **United States**
Phone #: _____ Toll Free #: _____ Fax #: _____
Website URL: _____ Company e-mail: _____
Billing Address
(if different than above): _____
City: _____ ST/PR: _____ Zip/Postal Code: _____ Country: **United States**
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 if needed)

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

Is your company free of financial control on the part of any manufacturer whom you represent?
 Yes No

Does your company operate a service shop?
 Yes No

Is your company free of financial control on the part of any contractor you sell a substantial part of your annual volume?
 Yes No

Please check one on the following that best describes your business:
 The majority of equipment sold is greater than 100 horsepower
 The majority of equipment sold is less than 100 horsepower
 The majority of the business is rental

Please provide the following numbers on the size of your organization:
of Locations: _____
of Employees (all locations): _____
of Service Technicians (all locations): _____

Method of Payment (US funds only)

Gross Annual Revenue (check one)	Dues per year:	
<input type="radio"/> Distributor <\$5m	\$1,440	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, 9% of investments for 2018 are non-deductible; 91% is deductible
<input type="radio"/> Distributor \$5m to <\$10m	\$2,320	
<input type="radio"/> Distributor \$10m to <\$25m	\$2,490	
<input type="radio"/> Distributor \$25m to <\$50m	\$4,100	
<input type="radio"/> Distributor \$50m to <\$75m	\$4,410	
<input type="radio"/> Distributor \$75m to <\$150m	\$5,210	
<input type="radio"/> Distributor \$150m to <\$300m	\$7,040	
<input type="radio"/> Distributor \$300m to <\$500m	\$8,760	
<input type="radio"/> Distributor >\$500m	\$11,090	

Payment Type: Visa MasterCard Discover American Express 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 US 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 #:	

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)

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 #: _____