

US DISTRIBUTOR

MEMBERSHIP APPLICATION

Return form via email to cnied@aednet.org or by mail to: Christina Nied, AED, 650 E Algonquin Rd Ste 305, Schaumburg, IL 60173



Company Information

Company Name: _____

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 related communications)

First Name: _____ Last Name: _____ Job Title: _____

Mailing Address: _____

City: _____ ST/PR: _____ Zip/Postal Code: _____ Country: _____

Direct #: _____ Fax #: _____ Cell #: _____

Email Address: _____

Please list the primary 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 have a contract with at least one manufacturer granting primary responsibility for distribution of that manufacturer's products in a specified territory?

- Yes
 No

Is a substantial portion of your company business come from rental, servicing, or retail distribution of new or used equipment?

- Yes
 No

Does your company maintain inventories of parts and equipment?

- Yes
 No

Is your company free of financial control of any equipment manufacturer whom you represent?

- Yes
 No

Does your company maintain a sales and service organization and facilities to sufficiently to support the products sold?

- Yes
 No

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)

- | | |
|---|----------------------|
| <input type="radio"/> Distributor <\$5m | Dues: \$1,530 |
| <input type="radio"/> Distributor \$5m to <\$10m | \$2,460 |
| <input type="radio"/> Distributor \$10m to <\$25m | \$3,060 |
| <input type="radio"/> Distributor \$25m to <\$50m | \$4,350 |
| <input type="radio"/> Distributor \$50m to <\$75m | \$4,960 |
| <input type="radio"/> Distributor \$75m to <\$150m | \$5,530 |
| <input type="radio"/> Distributor \$150m to <\$300m | \$7,470 |
| <input type="radio"/> Distributor \$300m to <\$500m | \$9,300 |
| <input type="radio"/> Distributor >\$500m | \$11,770 |

Payment Type: Visa MasterCard Discover American Express Check enclosed, payable to Associated Equipment Distributors

Credit Card Number: _____ Exp. Date: _____

Print Name of Cardholder: _____ 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 non-refundable payment for one full year's membership dues in accordance with the schedule above.

Signature: _____ Date: _____

Print Name: _____ Title: _____

For Office Use Only

Date Received:	
Enrollment Date:	
Org ID #:	