

# DISTRIBUTOR

## MEMBERSHIP APPLICATION

Return completed form to: e) [mkondrath@aednet.org](mailto:mkondrath@aednet.org) or m) AED, 650 E Algonquin Rd Ste 305, Schaumburg, IL 60173



### Company Information

Company Name: \_\_\_\_\_  
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 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	<b>Dues:</b> \$1,800
<input type="radio"/> Distributor \$5m to <\$10m	\$2,890
<input type="radio"/> Distributor \$10m to <\$25m	\$4,010
<input type="radio"/> Distributor \$25m to <\$50m	\$5,130
<input type="radio"/> Distributor \$50m to <\$75m	\$5,830
<input type="radio"/> Distributor \$75m to <\$150m	\$6,530
<input type="radio"/> Distributor \$150m to <\$300m	\$8,800
<input type="radio"/> Distributor \$300m to <\$500m	\$10,970
<input type="radio"/> Distributor >\$500m	\$13,880

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 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 #:	