DEALER

MEMBERSHIP APPLICATION

Return completed form to: e) help@aednet.org or m) AED, 1900 E Golf Rd Ste 750, Schaumburg, IL 60173

Associated Equipment Distributors

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)	Dues:
○ Dealer < $5m	$1,940
○ Dealer $5m to < $10m	$3,110
○ Dealer$10m to < $25m	$4,310
○ Dealer $25m to < $50m	$5,500
○ Dealer $50m to <$75m	$6,260
○ Dealer $75m to <$150m	$7,000
○ Dealer $150m to <$300m	$9,4300
○ Dealer $300m to <$500m	$11,760
○ Dealer >$500m	$14,880

○ VISA ○ MasterCard ○ American Express ○ Check enclosed, payable to Associated Equipment Distributors

Credit Card #: _____ Exp. Date: _____ CVV#: _____ Billing Zip Code: _____

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 #:	