

DISTRIBUTOR

MEMBERSHIP APPLICATION

Return completed form to: e) 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 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)

- Distributor < \$5m \$1,940
- Distributor \$5m to < \$10m \$3,110
- Distributor \$10m to < \$25m \$4,310
- Distributor \$25m to < \$50m \$5,500
- Distributor \$50m to < \$75m \$6,260
- Distributor \$75m to < \$150m \$7,000
- Distributor \$150m to < \$300m \$9,4300
- Distributor \$300m to < \$500m \$11,760
- Distributor > \$500m \$14,880

Dues:



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 #:	_____