

DISTRIBUTOR MEMBERSHIP APPLICATION



PLEASE PRINT OR TYPE

600 Hunter Dr., Ste 220, Oak Brook, IL 60523 630-574-0650 fax 630-574-0132 www.aednet.org

Company Name _____

Primary Contact for AED Mailings _____ Title _____

Mailing Address _____ Shipping Address (if different) _____

City, State, Zip _____ City, State, Zip _____

Main phone number _____ Main fax number _____

Website URL _____ Company e-mail _____

Does your firm carry inventory of new construction equipment? Yes No

Does your firm operate a service shop? Yes No

Does your firm employ service mechanics? Yes No

Is your firm free of financial control on the part of the following:
a) any manufacturer whom you represent? Yes No

b) any contractor or other customer to whom you sell
a substantial part of your annual volume? Yes No

Please check one of the following:

- The majority of equipment we sell is 100-horsepower-plus
- The majority of equipment we sell is <100-horsepower
- The majority of equipment we sell is industrial (material-handling, industrial, engines, etc.)
- We are a rental company

Our principle lines for which we are contractually authorized by the manufacturer are: Please attach on separate sheet for additional lines.

Name of Mfg. _____

Name of Mfg. _____

Product _____

Product _____

Name of Mfg. _____

Name of Mfg. _____

Product _____

Product _____

U.S. DISTRIBUTOR MEMBERSHIP DUES (Please check one)

Gross Annual Revenue	Dues Per Annum	
Under \$5 million	\$1,200	<input type="checkbox"/>
\$5 to \$25 million	\$2,000	<input type="checkbox"/>
\$25 to \$75 million	\$3,500	<input type="checkbox"/>
\$75 to \$150 million	\$4,500	<input type="checkbox"/>
\$150 to \$300 million	\$6,000	<input type="checkbox"/>
\$300 to \$500 million	\$7,500	<input type="checkbox"/>
Over \$500 million	\$9,500	<input type="checkbox"/>

PAYMENT

- Check enclosed - Make check payable to Associated Equipment Distributors in U.S. Funds.
 - Charge to: Visa Mastercard American Express
- Account No. _____
- Exp. Date _____ Name of Cardholder _____
- Cardholder Signature _____

Membership investments 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 28% of investments for 2012 non-deductible; 72% is deductible.

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 check for one full year's membership dues in accordance with the schedule above.

Name _____ Title _____

Signature _____ Date _____

OFFICE USE ONLY

Date Received _____
Enrollment Date _____
Org. ID# _____