

INTERNATIONAL DISTRIBUTOR

MEMBERSHIP APPLICATION



Return completed form to Mike Kondrath at mkondrath@aednet.org or AED, 650 E Algonquin Rd Ste 305, 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)

pFirst 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? <input type="radio"/> Yes <input type="radio"/> No	Is a substantial portion of your company business come from rental, servicing, or retail distribution of new or used equipment? <input type="radio"/> Yes <input type="radio"/> No
Does your company maintain inventories of parts and equipment? <input type="radio"/> Yes <input type="radio"/> No	Is your company free of financial control of any equipment manufacturer whom you represent? <input type="radio"/> Yes <input type="radio"/> No
Does your company maintain a sales and service organization and facilities to sufficiently to support the products sold? <input type="radio"/> Yes <input type="radio"/> 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 (USD):
 International Distributor \$1,490

NOTE: International Distributor memberships are available for organizations with a main office location outside of the United States or Canada only.

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 #:	_____