

ILLINOIS EQUIPMENT DISTRIBUTORS

moving industry forward since 1951

APPLICATION FOR REGULAR MEMBERSHIP

Please complete and return to: the person who gave you this form or to the address below. (page 1 of 3)

Firm Name			Date	
Street Address				
City				
Phone () FA	X()	e mail		
Official to receive IED mailings (Please print of	or type)		. <u></u>	
Territory covered				
Number of years actively engaged in distrib	uting construction	equipment		
Is your firm a: corporation,	partnership,	sole p	roprietorship?	
Does your firm warehouse representative sto	ocks of new constr	ruction equipment?	yes	no
Does your firm operate a service shop?	yes no;	employ service med	chanics?yes	no
Number of employees: Sales Service	Other	Total		
Unionized yes no	If yes, What Unio	on?		
Regular Member Applicant: Please describe				
Applicant Name:	Ti	tle	_ Signature	
PRINCIPALS OF YOUR ORGANIZATION	N			
NAME		TITLE		
Ganeral Manager		Salas Manager		



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REGULAR MEMBER INDUSTRY CLASSIFICATION

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Firm Name	Name Date of Application		
		f the types of distributors it represents, and to enable IED to tailor its , the following information is requested:	
HEAVY EQU heavy cranes a	and shovels, motor graders, crushers,	eler and wheel tractors and loaders, scrapers, large hydraulic excavators,	
		& loaders, wheel loader backhoes, hydraulic excavators other than heavy	
LIGHT & LIC scaffolding, sp	GHT INDUSTRIAL EQUIPMENT (Lat pace heaters, air & electric tools, etc.).	ndscape, concrete finishing equipment, mortar mixers, masonry saws,	
Our principal	lines are: (Use asterisk to denote contra	cts for primary responsibility in a specified territory)	
(manufacturer)		(product)	
(man	nufacturer)	(product)	
(man	nufacturer)	(product)	
	E USE ONLY	A	
Activ	ve Member Sponsors:	Application Approved by:	
1.	Name	(IED Chairman, Membership Committee)	
	Company	(IED President)	
2.	Name	Annual Dues Regular Member \$	
	Company	Enrolled Date:	
Application o	originated by:	Date:	



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Application Regular Member - Branches

Please complete and return to: the person who gave you this form or to the address below. (page 2 of 3)

Firm Name	Date
Total Number of Branches:	
ADDRESS	NAME OF MANAGER
1.	
2	
3	
4	
5	
6	
Are you affiliated with a manufacturer or contract	tor in the construction industry?
If yes, company name:	
Is your firm an affiliate of another company?	
If yes, name of parent firm:	
Does your firm have an affiliate?	
If yes, name of affiliate:	