



WHOLESALE MEMBERSHIP APPLICATION

QUALIFICATIONS:

1. **JOBBER** - shall be a reliable person, firm or corporation engaged substantially in the wholesale distribution of automotive parts, accessories, equipment, tools or industrial products, necessary to the maintenance and operation of motor vehicles or industrial equipment;
MACHINE SHOP - shall be a reliable person, firm or corporation engaged in the reconditioning and rebuilding of automotive and industrial engines and components for the automotive trade, fleets or industrial accounts;
SERVICE DISTRIBUTOR - shall be a reliable person, firm or corporation engaged primarily in the wholesale distribution of automotive parts, accessories, equipment, tools or industrial products necessary to the maintenance of motor vehicles or industrial equipment. The Service Distributor shall also be engaged in the specialized servicing of motor vehicles or industrial equipment;
HEAVY DUTY DISTRIBUTOR - shall be a reliable person, firm or corporation engaged primarily in the distribution and installation of parts necessary to the maintenance and operation of heavy duty vehicles and industrial equipment, both on and off the road;
PERFORMANCE PARTS DISTRIBUTOR - shall be a reliable person, firm or corporation engaged primarily in the wholesale distribution of high performance parts and accessories for motor vehicles.
2. Shall have a regularly established place of business which carries a representative stock sufficient to supply the requirements of the trade in the territory served.
3. Shall have a financial responsibility sufficient to conduct the business successfully and shall grant open account terms to customers establishing a basis for credit.
4. Shall not carry inventory nor sell used parts in the building occupied by his main establishment nor in internally communicating buildings. (Used parts as understood here do not include rebuilt or reconditioned parts or units).

For Membership Dues, Please See Attached Dues Schedule

Automotive Industries Association of Canada
 1272 Wellington Street
 Ottawa, Ontario K1Y 3A7
 Tel: (613) 728-5821 Fax: (613) 728-6021
 Email: info.aia@aiacanada.com
 Website: www.aiacanada.com

GST #106739352

FOR AIA USE ONLY

Dues Coding: 12210 _____
 14110 _____

Membership # _____

Does company have a membership plaque?

Yes _____ No _____

Did company receive confirmation letter?

Yes _____ No _____

Did company receive a welcome telephone call?

Yes _____ No _____

The following confidential information is solely for the purpose of aiding the association in evaluating an applicant's qualifications for membership. Please answer all questions and attach your business card.

Print or type.

Company Name: _____
Address: _____
If address of head office is a P.O. Box, supply street address as well. This is required for the dangerous goods exception permit.
City: _____ Prov.: _____
Postal Code: _____ Phone: (_____) _____
Fax: (_____) _____ WATS: (_____) _____
Email: _____ Website: _____
Your company delegate to AIA: _____
Title: _____
Alternate company delegate to AIA: _____
Title: _____
Attach a list of employees you wish placed on our mailing list, as well as the names and addresses of branch locations.

Year firm started in automotive business in Canada: _____

Check types of operation: full line auto parts accessory and performance autobody supplies
 foreign auto parts heavy duty truck parts
 machine shop industrial supplier
other (please specify) _____

Total annual sales volume (all automotive operations):\$ _____

What percentage of your sales volume is: Wholesale: _____% Retail: _____%

Do you operate service bays?: _____ If yes, # of employees in bays: _____

Do you operate a machine shop?: _____ If yes, # of employees in shop: _____

Do you belong to a buying group/associate program? Yes No
If yes, which one? _____

of employees (incl. owner): _____ # of branches: _____

List 5 manufacturers and/or distributors from whom you purchase automotive lines:

Application can be sponsored by AIA personnel or an AIA member of any classification or their employees.
Sponsor's Name: _____
Sponsor's Company: _____

Attached is our cheque for \$ _____ in payment of membership dues for one year. I understand this amount will be returned in full should our application not meet membership qualifications.

Signature of Applicant: _____ Date: _____