



Distributor Company Information

Company Name:		
Address:		
Mailing Address (if different from above)		
City:	State/Province	Zip/Postal Code:
Phone:	Fax:	
Email Address:	Website:	
Do you operate Branches? (Please complete Branch information form for each location)		

President/CEO:	Email Address:
Address:	
Vice President:	Email Address:
Address:	
Director of Purchasing:	Email Address:
Address:	

Check: () Corporation () Partnership () Proprietorship
In what year was the company started:
In what year was the company acquired by its' current owners:

- How many of the following people does your company employ?
 - Outside Salespeople
 - Inside/Counter Sales
 - Machinists and/or Mechanics
 - All Other
 - Total Employees

- How many of the above devote over 90% of their efforts to Heavy-Duty aftermarket parts and equipment?
 - Outside Salespeople
 - Inside/Counter Sales
 - Machinists and/or Mechanics
 - All Other
 - Grand Total

3. Does your company belong to other trade associations? Please list: _____

4. Does your company belong to a Marketing group? Please name: _____

5. Is your company set up as an O.E. Truck Dealership or engine franchise? Yes No

6. If yes, please name the Truck or Engine Manufacturer and Program _____

7. If yes, do you have new trucks on your property for sale? Yes No

8. Annual parts purchase volume:

\$0 - \$1,000,000 \$1,000,000 - \$5,000,000 \$5,000,000 - \$15,000,000 \$15,000,000 - \$30,000,000

\$30,000,000 - \$50,000,000 Over \$50,000,000

9. What is the estimated percentage of your aftermarket parts/equipment sales to the following groups?

a) Sales direct to the truck owner or fleet (not including government agencies).....%

b) Sales direct to government agencies%

c) Sales to truck and/or trailer dealers%

d) Sales to independent truck repair facilities including truck stops%

e) Sales to other Distributors%

f) All Others (please describe)%

10. Please indicate the Heavy Duty vehicle systems in which your company purchases directly from the manufacturer and name your top three primary suppliers:

Air Brake Components – Primary Suppliers _____

Accessory Items – Primary Suppliers _____

Axles & Suspension – Primary Suppliers _____

Chassis Steering Components – Primary Suppliers _____

Driveline Components/Clutches – Primary Suppliers _____

Engines and/or Engine Hard Parts – Primary Suppliers _____

5th Wheel/Landing Gear – Primary Suppliers _____

Filters/Hose/Exhaust – Primary Suppliers _____

Fluid Products (Oil, lubricants, etc.) – Primary Suppliers _____

Foundation Brake Parts – Primary Suppliers _____

Friction Materials – Primary Suppliers _____

Lighting/Electrical – Primary Suppliers _____

Seals/Bearings – Primary Suppliers _____

Transmission/Differential – Primary Suppliers _____

Wheels/Rims/Hubs/Drums – Primary Suppliers _____

Other, please name _____ – Primary Suppliers _____

10. Please indicate the reason why you want to become a member of CVSN and what you expect to take away as a benefit.

Branch Information (Please duplicate form for additional locations, if needed)

Address:		
Mailing Address (if different from above)		
City:	State/Province	Zip/Postal Code:
Phone:	Fax:	
Contact	Email Address:	

Address:		
Mailing Address (if different from above)		
City:	State/Province	Zip/Postal Code:
Phone:	Fax:	
Contact	Email Address:	

CVSN Membership Fees:

\$1,100.00 per year for the main branch plus \$50.00 per year per branch up to a maximum of 10 branches. If your company attends the Heavy Duty Aftermarket Week (HDAW) meeting held in January/February each year you get a \$200.00 discount off your dues and if you attend the CVSN Aftermarket Distribution Summit in September of each year you get a \$200.00 discount on one \$500.00 personal fee for that meeting.

Payment Information

Check # _____ has been sent in the mail	
Charge: <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	
Applicant's Signature	Name on Card (Please Print)
Card Number	Expiration Date
Street Address & Zip Code (If Different from First Box in Application Above)	

Amount to be charged on card \$ _____

Payment Instructions

Remit Checks to:

CVSN
3943-2 Baymeadows Road
Jacksonville, FL 32217

Remit Credit Card Information to CVSN Office Address Above, Fax or E-mail

CVSN also accepts electronic payments (ACH), please contact Ramona Greene for more details.

PHONE: (904) 737-2900 • **FAX:** (904) 636-9881 • **E-MAIL:** rgreene@cvsn.org

Date of Application: (D/M/Y)

Print Name:

Signature:

Title: