



# MEMBERSHIP APPLICATION

## Australian Industrial Supplies Ltd.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Australian Industrial Supplies Ltd*  
PO Box 261, Altona North  
VIC 3025  
Phone: 03 9325 1142 Fax: 03 9325 1158  
Email: [info@aisnational.com.au](mailto:info@aisnational.com.au)  
ABN 54077 423 048  
ACN 077 423 048

# AIS NEW MEMBERSHIP APPLICATION

**Please complete all relevant details**

**Please print clearly**

Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Partnership:  Company:  Trust:  Sole Trader:

Name: \_\_\_\_\_

Location Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Post Code: \_\_\_\_\_

Years In Business: \_\_\_\_\_

Size of Showroom: \_\_\_\_\_

Are you currently or have you been a member of any other buying / Marketing group? If so, please state details.

List local competitors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all individuals, companies or shareholders having a vested interest in the above Partnership, Company or Trust.

*That is all beneficial owners in whole or in part of the Applicant Business.*

	Name of individuals, companies or shareholders	Address
1		
2		
3		
4		
5		

## Nominated Representative

Person nominated by the Applicant Business being the Sole Trader, a Partner, Director or Senior Manager authorised to manage the rights and responsibilities of a shareholding of Australian Industrial Supplies Ltd on behalf of the Applicant Business. Phone, fax and e-mail to be applicant business numbers.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete all relevant details

**Trade References**

Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

Fax: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Annual Turnover:    \$ _____
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Please list your **AVERAGE MONTHLY** purchases from your principle suppliers for each product category. See *Privacy Policy* (page 5 of application)

Product Categories	Purchases	-----List Major Suppliers-----		
Abrasives	\$			
Adhesives & Silicone	\$			
Air Tools	\$			
Bearings & P/ Transmission	\$			
Brushware	\$			
Building Material	\$			
Chemicals / Cleaners	\$			
Compressors	\$			
Cutting Tools	\$			
Electrical	\$			
Fasteners	\$			
Footwear	\$			
Gas	\$			
Generators	\$			
Hand Tools	\$			
Hoses & Accessories	\$			
Industrial Ventilation	\$			
Janitorial	\$			
Lifting & Restraint	\$			
Lubricants	\$			
Machinery & Accessories	\$			
Materials Handling	\$			
Measuring & Levelling	\$			
Paint & Equipment	\$			
Plumbing	\$			
Power Tools	\$			
Precision Tools	\$			
Pressure Cleaners	\$			
Safety Products	\$			
Steel	\$			
Welding & Access.	\$			
Workshop Equip.	\$			
Work wear	\$			

**AIS NEW MEMBERSHIP APPLICATION** continued

1. Give a brief over view of your business. (Including other non AIS related areas)

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Non AIS related categories average purchases

Other:

Steel	\$	Repairs	\$		\$
Bearings	\$	Auto	\$		\$

2. Do you have sales representative on the road?

Yes:  No:  a. How many? \_\_\_\_\_

3. What are your main product categories?

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4. What geographical areas do you Service?

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5. What are your plans for the future?

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6. How did you become aware of the AIS group?

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7. Where is your nearest AIS store?

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8. Do you have a website? \_\_\_\_\_

## Privacy Policy

Australian Industrial Supplies Ltd respects your privacy, and will abide by the Privacy Act and the National Privacy Principles when handling your personal details.

We limit the collection of personal information, to that which is necessary for us to assess your application for membership, and we will not disclose your personal information to other organisations or third parties unless you specifically request this, or is required by law.

We will also take reasonable steps to destroy or delete your personal data should your application be withdrawn or unsuccessful.

## Recommendation

Applicants should consider independent legal advice in relation to all documents prior to completion of this application.

## Report All Purchases from Suppliers

By signing this Membership Application, you agree [should your application be accepted] to submit all purchases figures from AIS approved suppliers through the AIS Group, even if your business is already a member of another buying group.

## Probationary Period

Probation is for an initial period of three (3) months from the date of acceptance. The Directors may extended the probationary period.

## Store Branding

I agree to re-brand the store exterior in accordance with the AIS Presentation Standards Document. This maintains your own name/brand and local identity while supporting the AIS national brand. This will be done within 4 weeks of becoming a full AIS member.

## Credit Information

I / We acknowledge that by signing this Credit Information authority, I / We authorise Australian Industrial Supplies Ltd to make any enquiries it deems necessary for the purpose of assessing this application and further permits those giving information to Australian Industrial Supplies Ltd to do so without restriction.

## Authority

I am authorised to sign this Application for Membership of Australian Industrial Supplies Ltd on behalf of the above Applicant Business. I declare that the above details are true and correct.

Date: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Sole Trader  Partner  Director

Second Authority

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## AIS ADDITIONAL BRANCH APPLICATION

*Complete only if you have additional branches.*

Indicate the Number of Additional Branches or Outlets owned or controlled by the Applicant Business.

Additional Branch/s of New Member

Additional Branch of Current AIS Member

### Additional Branch Details

Trading Name:	
Street Address:	
Town/Suburb:	
State & Post code:	
Phone:	
Fax:	
Beneficial Owners 1	
2	
3	
4	

### Additional Branch Details

Trading Name:	
Street Address:	
Town/Suburb:	
State & Post code:	
Phone:	
Fax:	
Beneficial Owners 1	
2	
3	
4	

### Additional Branch Details

Trading Name:	
Street Address:	
Town/Suburb:	
State & Post code:	
Phone:	
Fax:	
Beneficial Owners 1	
2	
3	
4	

*NB: If you have more branches please copy this page to accommodate them all.*

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