



3943-2 Baymeadows Road  
 Jacksonville, FL 32217  
 Phone: (904) 737-2900  
 Fax: (904) 636-9881



**CVSN/GenNext - Distributor Company Membership Application**

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 \_\_\_\_\_

5<sup>th</sup> 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/GenNext and what you expect to take away as a benefit.

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**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/GenNext - Membership Fees:**

**\$1,000.00 per year for the main branch plus \$50.00 per year per branch up to a maximum of 10 branches. If you attend the CVSN Aftermarket Distribution Summit in September of each year you get a \$200.00 discount on one \$525.00 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](mailto:rgreene@cvsn.org)

**Date of Application: (D/M/Y)**

**Print Name:**

**Signature:**

**Title:**

CVSN/GenNext Membership App

Updated: 4-2-2018