

MaskinLeverantörerna

Membership application



Full membership Associated membership

Membership refers to the following section:

<input type="checkbox"/> Construction equipment	<input type="checkbox"/> Forestry	<input type="checkbox"/> Agriculture machinery (also fill in below)
<input type="checkbox"/> Forklifts/Material handling	<input type="checkbox"/> Road Maintenance	Applies only to the agricultural section:
		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Dealer

Company name: _____

Address: _____

Telephone: _____ VAT number: _____

Internet: _____

Billing address/
e-invoice: _____

Contacts:

Main contact:	Telephone:	E-mail:
Market:	Telephone:	E-mail:
Statistics:	Telephone:	E-mail:
After sales:	Telephone:	E-mail:
Turnover in Sweden (in thousands SEK): _____	Financial year: _____	Number of employees: _____

Requirements for Membership:

The company meets the below requirements for membership. Documents supporting this shall be presented upon request. Full requirements for membership can be found on www.maskinleverantorerna.se/bli-medlem (in Swedish)

- Contract with manufacturer/importer regarding the sale on the Swedish market of factory new machinery/equipment in the relevant section's area.
- Registered company and registered for VAT.
- Corporate/Liability insurance.
- The company has been engaged in, for membership qualified, business for at least two completed financial years.
- Balance sheet is approved and shows a solid financial situation.

By signature below, the undersigned hereby certifies that he/she has read and is in agreement with the requirements for membership:

Place and date: _____

Signature: _____

Name in block letters: _____

Title: _____

The application is sent to:

MaskinLeverantörerna
c/o iOffice
Drottningatan 32
111 51 Stockholm
or by e-mail to:
info@maskinleverantorerna.se