

A.Y. MCDONALD MFG. CO. ENROLLMENT FORM

DATE _____



DEALER INFORMATION

NAME _____
COMPANY _____
MAILING ADDRESS _____
SHIPPING ADDRESS _____
CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____
TELEPHONE # _____ FAX: _____
EMAIL _____

DISTRIBUTOR INFORMATION

DISTRIBUTOR NAME _____
DISTRIBUTOR CONTACT NAME _____
MAILING ADDRESS _____
CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____
TELEPHONE # _____

Invoice copies for a minimum of 5 pumps must be attached. Invoice must be dated for 2009.



Please mail to: A.Y. McDonald Mfg. Co.
Pump Department
P.O. Box 508
Dubuque, IA 52004-0508

Fax to: 1-800-832-9296

Or email to: pumps@aymcdonald.com

A.Y. MCDONALD MFG. CO. DIAMOND DEALER



Please print in white box above EXACTLY how you would like the plaque to read.

Circle size for jacket: **S, M, L, XL, XXL, XXXL**

Please mail or fax with enrollment form.