## BUSINESS INFORMATION

| | |
|---|---|
| **BUSINESS NAME:** | **ACDelco ACCOUNT CODE:** |
| **PHONE NUMBER:** | **BUSINESS EMAIL:** |
| **BUSINESS ADDRESS:** | **SPONSORING ACDelco DISTRIBUTOR NAME AND CODE:** |

## CURRENT CARDHOLDER INFORMATION

This cardholder will be removed and replaced by the cardholder listed in the "New Cardholder Information" section.

| | |
|---|---|
| **FULL NAME:** | **REWARDS EMAIL (PERSONAL):** |
| **REWARDS ADDRESS:** | |

## NEW CARDHOLDER INFORMATION

The new ACDelco PSC Visa Rewards Card will be sent to your shop address unless otherwise indicated.

| | |
|---|---|
| **FULL NAME:** | **REWARDS EMAIL (PERSONAL):** |
| **REWARDS ADDRESS:** | |

*ACDelco reserves the right to change, add or delete Program Rules, redemption options and any related material at any time. ACDelco reserves the right to cancel the ACDelco PSC Rewards Program at any time without prior notice.*

## CARDHOLDER CHANGE FORM

**SECONDARY REWARDS CONTACT (OPTIONAL)**

| FULL NAME: | REWARDS EMAIL (PERSONAL): |
|---|---|
| **REWARDS ADDRESS:** | |

The undersigned Independent Service Centre (ISC) cardholder has read the terms of enrollment in the ACDelco Professional Service Centre (PSC) Rewards Program and would like to become a cardholder for their account. The ACDelco program member's new cardholder will begin earning rewards for the month the request form is submitted and received. The ISC cardholder(s) understands that they must be enrolled in the ACDelco PSC or PSC RSSP Program to be eligible to participate in the ACDelco PSC Rewards Program. If applicable, the ISC cardholders are aware that points will be divided equally between both cardholders on file.

| ACDelco REPRESENTATIVE NAME: | ACDelco REPRESENTATIVE SIGNATURE: |
|---|---|
| **SHOP OWNER NAME:** | **SHOP OWNER SIGNATURE:** |
| **SUBMITTED BY:** | **DATE SUBMITTED (DD/MM/YYYY):** |

**Complete form and email to: support@acdelcoinfoline.com.**