



BUSINESS INFORMATION

BUSINESS NAME:	ACDelco ACCOUNT CODE:
ADDRESS:	SPONSORING ACDelco DISTRIBUTOR NAME AND CODE:

ACCOUNT SWITCHING TO ANOTHER ACDelco PROGRAM

If this account is switching to another ACDelco program, please fill out the applicable online registration form. This cancellation form is not necessary if the account is switching programs.

REASON FOR CANCELLATION (PLEASE PROVIDE DETAILS)

ACDelco REPRESENTATIVE NAME:	ACDelco REPRESENTATIVE SIGNATURE:
SUBMITTED BY:	DATE SUBMITTED (DD/MM/YYYY):

Complete form and email to: support@acdelcoinfo.com
 To automatically send a saved form, click the submit button and select Outlook (the default) or add your email convention.

**Form must be submitted and approved by the ACDelco representative by the 25th for the update to take effect within the same month. We cannot guarantee any adjustments submitted past the monthly deadline.*