



Claim #: \_\_\_\_\_

Date Received by RM/DM: \_\_\_\_\_

ACD-12-15-ISR01

**2023 ACDelco PROFESSIONAL SERVICE CENTRE SIGN PROGRAM****Deadline December 31, 2023**

|   |              |           |
|---|--------------|-----------|
| Business Name:                            |              | PSC Code: |
| Address:                                  |              | City:     |
| Province:                                 | Postal Code: | Email:    |
| Sponsoring ACDelco Warehouse Distributor: |              |           |
| ACDelco Warehouse Distributor Code:       |              | Address:  |

**Participation Agreement**

By signing this form I elect to participate in the 2023 ACDelco PSC Sign Program and have performed all the obligations and conditions required of ACDelco Tier 3, 4 and 5 Professional Service Centre Program members, as outlined in the 2023 ACDelco PSC Sign Program.

I understand claims must be submitted by **December 31, 2023** and that I can only be reimbursed for up to 50% of the net costs for fascia and up to the amount that I am eligible for the 2023 calendar year. I also understand that I must submit the necessary documentation corresponding to the sign purchased detailed in the guidelines.

**Statement of Compliance**

The foregoing statements are true, and the ACDelco sign was purchased for the cost that is indicated in the space provided below. I have read and certified all statements of compliance as detailed on this form and the 2023 ACDelco PSC Sign Program have been met. By accepting the reimbursement – I agree to remove the ACDelco sign should I discontinue my relationship with ACDelco and their Professional Service Centre Program.

**PLEASE COMPLETE – ACDelco Fascia Details:**

|                           |                                 |                    |  |
|---------------------------|---------------------------------|--------------------|--|
| Total Net Sign Cost       | \$                              | Sign Co. Invoice # |  |
| Total Sign Net Cost X 50% | \$                              | Date Installation  |  |
| Sign Funds Available      | \$ \$500 Tier 3, 4 \$700 Tier 5 | Picture attached   |  |
|                           |                                 | <b>Comments:</b>   |  |
| Amount of Reimbursement   | \$                              |                    |  |

*Please note: All taxes to be borne by claimant. Reimbursement will be up to 50% of the total net cost of sign fascia, before taxes, up to your approved reimbursement budget.*

PSC Members Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACDelco Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACDelco Brand Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Applied for: \$ \_\_\_\_\_

Amount Approved for: \$ \_\_\_\_\_

I have read and understand all rules and guidelines of the **ACDelco PSC 2023 Sign Program** and agree to adhere to them. I accept this co-op sign with the intent of leveraging it as part of the ACDelco PSC program and agree to remove the signage should my partnership with ACDelco end. **I also understand that if I have already received an ACDelco Sign within the past two years I do not qualify for a reimbursement.**

**District Managers please submit claim forms with supporting documentation to:****ACDelco Co-op Marketing, CA1-152-004**