



ACDelco Automotive Care Experts (ACE) Program SECONDARY WHOLESALE DISTRIBUTOR UPDATE REQUEST

As an ACDelco ACE member in good standing we request that our secondary Distributor be updated to the following ACDelco Wholesale Distributor.

ACDelco ACE Account Information

Account Name:

Account Code:

Address:

City:

Province:

Date Submitted:

Submitted By:

New Secondary Wholesale Distributor Information

Secondary Distributor Name:

Secondary
Distributor Code:

Approvals

Program Member

Program Member Signature:

Distributor Contact Name:

Distributor Signature

District Manager:

District Manager Signature:

Complete form and send to

Email: support@acdelcoinfo.com