



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:	<input type="text"/>	Account Code:	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>	Province:	<input type="text"/>
Date Submitted:	<input type="text"/>	Submitted By:	<input type="text"/>		

New Secondary Wholesale Distributor Information

Secondary Distributor Name:	<input type="text"/>	Secondary Distributor Code:	<input type="text"/>
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Approvals

Program Member	<input type="text"/>	Program Member Signature:	<input type="text"/>
Distributor Contact Name:	<input type="text"/>	Distributor Signature	<input type="text"/>
District Manager:	<input type="text"/>	District Manager Signature:	<input type="text"/>

Complete form and send to

Email: support@acdelcoinfo.com