



ACDelco
ACE
AUTOMOTIVE CARE EXPERTS

DISTRIBUTOR SECONDARY CHANGE FORM

MONTHLY DEADLINE: 25TH*

BUSINESS INFORMATION

BUSINESS NAME:	ACDelco ACCOUNT CODE:
ADDRESS:	

NEW SECONDARY DISTRIBUTOR INFORMATION

SECONDARY DISTRIBUTOR NAME:	SECONDARY DISTRIBUTOR CODE:
ADDRESS:	

APPROVALS

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