



ACDelco Automotive Care Experts (ACE) Rewards Program Cardholder Change Request Form

ACDelco ACE Account Information

Account Name: <input style="width: 90%;" type="text"/> Address: <input style="width: 90%;" type="text"/> Email Address: <input style="width: 90%;" type="text"/> Sponsoring Distributor Name: <input style="width: 90%;" type="text"/>	Account Code: <input style="width: 80%;" type="text"/> City: <input style="width: 80%;" type="text"/> Province: <input style="width: 40%;" type="text"/> Postal Code: <input style="width: 80%;" type="text"/> Sponsoring Distributor Code: <input style="width: 80%;" type="text"/>
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ACDelco ACE Rewards Program Cardholder Information

Current Cardholder Information

This cardholder will be removed and replaced by the cardholder listed in the "New Cardholder Information" section.

First Name: <input style="width: 90%;" type="text"/> Address: <input style="width: 90%;" type="text"/> Email Address: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/> City: <input style="width: 80%;" type="text"/> Province: <input style="width: 40%;" type="text"/> Postal Code: <input style="width: 80%;" type="text"/>
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New Cardholder Information

The ACDelco ACE Visa Rewards Card will be sent to your shop address unless otherwise indicated.

First Name: <input style="width: 90%;" type="text"/> Address: <input style="width: 90%;" type="text"/> Email Address: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/> City: <input style="width: 80%;" type="text"/> Province: <input style="width: 40%;" type="text"/> Postal Code: <input style="width: 80%;" type="text"/>
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The undersigned Independent Service Centre has read the terms of enrollment of the Automotive Care Experts program and wishes to enroll in the ACDelco Rewards Program. The Independent Service Centre (ISC) will begin earning rewards the first day of the month following enrollment. The ISC understands that he/she must be enrolled in the Automotive Care Experts Program to be eligible to participate in the ACDelco Rewards Program.

District Manager: <input style="width: 90%;" type="text"/> Shop Owner: <input style="width: 90%;" type="text"/> Date Submitted: <input style="width: 90%;" type="text"/>	District Manager Signature: <input style="width: 90%;" type="text"/> Owner Signature: <input style="width: 90%;" type="text"/> Submitted By: <input style="width: 90%;" type="text"/>
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Complete form and send to :

Email: support@acdelcoinline.com

*ACDelco reserves the right to change, add or delete Program Rules, redemption options and any related material at any time.
ACDelco reserves the right to cancel the ACDelco ACE Rewards Program at any time without prior notice.*