



**BUSINESS INFORMATION**

<b>BUSINESS NAME:</b>	<b>ACDelco ACCOUNT CODE:</b>
<b>PHONE NUMBER:</b>	<b>BUSINESS EMAIL:</b>
<b>BUSINESS ADDRESS:</b>	<b>SPONSORING ACDelco DISTRIBUTOR NAME AND CODE:</b>

**NEW SECONDARY CARDHOLDER INFORMATION**

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

<b>CARDHOLDER NAME:</b>	<b>REWARDS EMAIL (PERSONAL): <i>*can be different than above</i></b>
<b>REWARDS ADDRESS (IF DIFFERENT THAN BUSINESS):</b>	

The undersigned Independent Service Centre (ISC) cardholder has read the terms of enrollment in the ACDelco Professional Service Centre (PSC) Rewards Program and would like to become a cardholder for their account. The ACDelco program member's new cardholder will begin earning rewards for the month the request form is submitted and received. The ISC cardholder(s) understands that they must be enrolled in the ACDelco PSC or PSC RSSP Program to be eligible to participate in the ACDelco PSC Rewards Program. If applicable, the ISC cardholders are aware that points will be divided equally between both cardholders on file.

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 PSC Visa Rewards Program at any time without prior notice.



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@acdelcoinline.com](mailto:support@acdelcoinline.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.*

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