



BUSINESS INFORMATION

BUSINESS NAME:	ACDelco ACCOUNT CODE:
ADDRESS:	

NEW SPONSORING DISTRIBUTOR INFORMATION

SPONSORING DISTRIBUTOR NAME:	SPONSORING 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. We cannot guarantee any adjustments submitted past the monthly deadline.*