

ACDelco Professional Service Centre (PSC) Rewards Program Cardholder Removal Request Form

ACDelco PSC/PSC RSSP Account Information

Account Name: <input type="text"/>	Account Code: <input type="text"/>	Tier Level: <input type="text"/>
Address: <input type="text"/>	City: <input type="text"/>	Province: <input type="text"/>
Email Address: <input type="text"/>	Postal Code: <input type="text"/>	
Sponsoring Distributor Name: <input type="text"/>	Sponsoring Distributor Code: <input type="text"/>	

ACDelco PSC Rewards Program Cardholder Information

This cardholder will be removed from the ACDelco PSC Rewards Program.

First Name: <input type="text"/>	Last Name: <input type="text"/>
Address: <input type="text"/>	City: <input type="text"/> Province: <input type="text"/>
Email Address: <input type="text"/>	Postal Code: <input type="text"/>

Reason for Removal :

District Manager: <input type="text"/>	District Manager Signature: <input type="text"/>
Shop Owner: <input type="text"/>	Owner Signature: <input type="text"/>
Date Submitted: <input type="text"/>	Submitted By: <input type="text"/>

Complete form and send to :

Email: support@acdelcoinline.com