



## BUSINESS INFORMATION

<b>BUSINESS NAME:</b>	<b>ACDelco ACCOUNT CODE:</b>
<b>ADDRESS:</b>	

## NEW SECONDARY DISTRIBUTOR INFORMATION

<b>SECONDARY DISTRIBUTOR NAME:</b>	<b>SECONDARY DISTRIBUTOR CODE:</b>
<b>ADDRESS:</b>	
<b>DATE SUBMITTED:</b>	<b>SUBMITTED BY:</b>

## APPROVALS

<b>ACDelco REPRESENTATIVE NAME:</b>	<b>ACDelco REPRESENTATIVE SIGNATURE:</b>
<b>DISTRIBUTOR CONTACT NAME:</b>	<b>DISTRIBUTOR SIGNATURE:</b>
<b>PROGRAM MEMBER NAME:</b>	<b>PROGRAM MEMBER SIGNATURE:</b>

Complete form and email to: [support@acdelcoinfo.com](mailto:support@acdelcoinfo.com).