



Claim #: \_\_\_\_\_

Date Received by RM/DM: \_\_\_\_\_

ACD-12-24-ISR01

## 2024 ACDelco PROFESSIONAL SERVICE CENTRE SIGN PROGRAM

**Deadline December 31, 2024**

<b>Business Name:</b>		<b>PSC Code:</b>
<b>Address:</b>		<b>City:</b>
<b>Province:</b>	<b>Postal Code:</b>	<b>Email:</b>
<b>Sponsoring ACDelco Distributor Name and Code:</b>		

### PARTICIPATION AGREEMENT

By signing this form, I elect to participate in the 2024 ACDelco PSC Sign Program and have performed all the obligations and conditions required of ACDelco Tier 3, 4 and 5 Professional Service Centre Program members, as outlined in the 2024 ACDelco PSC Sign Program Guidelines. I understand claims must be submitted by **December 31, 2024** and that I can only be reimbursed for up to 50% of the net costs for the exterior business sign and up to the amount that I am eligible for the 2024 calendar year. I also understand that I must submit the necessary documentation corresponding to the sign purchased detailed in the guidelines.

### STATEMENT OF COMPLIANCE

The foregoing statements are true, and the ACDelco sign was purchased for the cost that is indicated in the space provided below. I have read and certified all statements of compliance as detailed on this form and the 2024 ACDelco PSC Sign Program have been met. By accepting the reimbursement – I agree to remove the ACDelco sign should I discontinue my relationship with ACDelco and their Professional Service Centre Program.

### PLEASE COMPLETE – ACDelco Sign Details:

<b>Total Net Sign Cost</b>	<b>\$</b>	<b>Sign Co. Invoice #</b>	
<b>Total Sign Net Cost X 50%</b>	<b>\$</b>	<b>Date Installation</b>	
<b>Sign Funds Available</b>	<b>\$ \$500 Tier 3, 4 \$700 Tier 5</b>	<b>Picture attached</b>	
		<b>Comments:</b>	
<b>Amount of Reimbursement</b>	<b>\$</b>		

*Please note: All taxes to be borne by claimant. Reimbursement will be up to 50% of the total net cost of the business sign before taxes, up to your approved reimbursement budget.*

<b>PSC MEMBER AUTHORIZED SIGNATURE:</b>	<b>DATE (DD/MM/YYYY):</b>
<b>ACDelco REPRESENTATIVE SIGNATURE:</b>	<b>DATE (DD/MM/YYYY):</b>
<b>AMOUNT APPLIED FOR:</b>	<b>AMOUNT APPROVED FOR:</b>

I have read and understand all rules and guidelines of the **ACDelco Sign Program** and agree to adhere to them. I accept this co-op sign with the intent of leveraging it as part of the ACDelco PSC program and agree to remove the signage should my partnership with ACDelco end. **I also understand that if I have already received an ACDelco Sign reimbursement within the past two years, I do not qualify for a reimbursement.**

**District Managers please submit claim forms with supporting documentation to: ACDelco Co-op Marketing, CA1-152-004.**

*ACDelco reserves the right to cancel or modify the program at any time without prior notice.*