



BUSINESS INFORMATION

BUSINESS NAME:	ACDelco ACCOUNT CODE:
ADDRESS:	

NEW SECONDARY DISTRIBUTOR INFORMATION

SECONDARY DISTRIBUTOR NAME:	SECONDARY DISTRIBUTOR CODE:
ADDRESS:	
DATE SUBMITTED:	SUBMITTED BY:

APPROVALS

ACDelco REPRESENTATIVE NAME:	ACDelco REPRESENTATIVE SIGNATURE:
DISTRIBUTOR CONTACT NAME:	DISTRIBUTOR SIGNATURE:
PROGRAM MEMBER NAME:	PROGRAM MEMBER SIGNATURE:

Complete form and email to: support@acdelcoinfo.com.