



Claim #: _____

Date Received by RM/DM: _____

ACD-12-15-ISR01

2020 ACDelco PROFESSIONAL SERVICE CENTRE SIGN PROGRAM

Deadline January 31, 2021

Business Name:		PSC Code:
Address:		City:
Province:	Postal Code:	Email:
Sponsoring ACDelco Warehouse Distributor:		
ACDelco Warehouse Distributor Code:		Address:

Participation Agreement

By signing this form I elect to participate in the 2020 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 2020 ACDelco PSC Sign Program.

I understand claims must be submitted by **January 31, 2021** and that I can only be reimbursed for up to 50% of the net costs for fascia and up to the amount that I am eligible for the 2020 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 2020 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 Fascia Details:

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

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

PSC Members Authorized Signature: _____ Date: _____

ACDelco Representative Signature: _____ Date: _____

ACDelco Brand Manager Signature: _____ Date: _____

Amount Applied for: \$ _____

Amount Approved for: \$ _____

I have read and understand all rules and guidelines of the **ACDelco PSC 2020 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 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**