

ACDelco

PSC

PROFESSIONAL SERVICE CENTRE

CARDHOLDER REMOVAL FORM



BUSINESS INFORMATION

BUSINESS NAME:	ACDelco ACCOUNT CODE:
PHONE NUMBER:	BUSINESS EMAIL:
ADDRESS:	SPONSORING ACDelco DISTRIBUTOR NAME AND CODE:

CARDHOLDER TO REMOVE

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

FULL NAME:	EMAIL ADDRESS:
ADDRESS:	
REASON FOR REMOVAL:	

ACDelco reserves the right to change, add or delete Program Rules, redemption options and any related material at any time. ACDelco reserves the right to cancel the ACDelco PSC Visa Rewards Program at any time without prior notice.



ACDelco REPRESENTATIVE NAME:	ACDelco REPRESENTATIVE SIGNATURE:
SHOP OWNER NAME:	SHOP OWNER SIGNATURE:
SUBMITTED BY:	DATE SUBMITTED (DD/MM/YYYY):

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

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