



## BUSINESS INFORMATION

BUSINESS NAME:	ACDelco ACCOUNT CODE:
ADDRESS:	SPONSORING ACDelco DISTRIBUTOR NAME AND CODE:

## ACCOUNT SWITCHING TO ANOTHER ACDelco PROGRAM

If this account is switching to the ACDelco Professional Service Centre (PSC) Program or ACDelco Retail Service Support Program (RSSP), please fill out the applicable online registration form and ensure to select "YES" in the "OPTIONAL - Cancel from the....program if currently a member" section. This form is not necessary if the account is switching programs.

## REASON FOR CANCELLATION (PLEASE PROVIDE DETAILS)

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

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