

ACDelco

RSSP

RETAIL SERVICE SUPPORT PROGRAM
PROFESSIONAL SERVICE CENTRE MEMBER

CARDHOLDER CHANGE FORM



BUSINESS INFORMATION

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

CURRENT CARDHOLDER INFORMATION

This cardholder will be removed and replaced by the cardholder listed in the "New Cardholder Information" section.

FULL NAME:	EMAIL ADDRESS:
ADDRESS:	

NEW CARDHOLDER INFORMATION

The new ACDelco PSC RSSP Visa Rewards Card will be sent to your shop address unless otherwise indicated.

FIRST NAME:	LAST NAME:
REWARDS EMAIL (PERSONAL):	UNIQUE 4-DIGIT NUMBER (REQUIRED):
ADDRESS:	

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.



SECONDARY REWARDS CONTACT (OPTIONAL)

FIRST NAME:	LAST NAME:
REWARDS EMAIL (PERSONAL):	UNIQUE 4-DIGIT NUMBER (REQUIRED):
ADDRESS:	

The undersigned Independent Service Centre (ISC) cardholder has read the terms of enrollment in the ACDelco Professional Service Centre (PSC) Rewards Program and would like to become a cardholder for their account. The ACDelco program member’s new cardholder will begin earning rewards for the month the request form is submitted and received. The ISC cardholder(s) understands that they must be enrolled in the ACDelco PSC or PSC RSSP Program to be eligible to participate in the ACDelco PSC Rewards Program. If applicable, the ISC cardholders are aware that points will be divided equally between both cardholders on file.

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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