



**ACDelco**  
**RSSP**  
 RETAIL SERVICE SUPPORT PROGRAM

# OWNERSHIP CHANGE FORM

## BUSINESS INFORMATION

<b>BUSINESS NAME:</b>	<b>ACDelco ACCOUNT CODE:</b>
<b>PHONE NUMBER:</b>	<b>BUSINESS EMAIL:</b>
<b>ADDRESS:</b>	<b>SPONSORING ACDelco DISTRIBUTOR NAME AND CODE:</b>
<b>PREVIOUS OWNER FULL NAME:</b>	<b>NEW OWNER FULL NAME:</b>
<b>SHIPPING ADDRESS (IF DIFFERENT THAN ABOVE):</b>	<b>PRIMARY CONTACT NAME (IF DIFFERENT THAN OWNER):</b>
<b>WEB SITE ADDRESS:</b>	<b>COMPANY FACEBOOK / TWITTER PAGE:</b>

## TRAINING WEB SITE ACCESS

Please list all technician names that should receive access to the training website. an email is required for the training website.

<b>LIST (FULL NAME AND EMAIL ADDRESS) OF AUTHORIZED ACDelco TRAINING WEBSITE USERS</b>

<b>ACDelco REPRESENTATIVE SIGNATURE:</b>	<b>DATE (DD/MM/YYYY):</b>
<b>SPONSORING DISTRIBUTOR SIGNATURE:</b>	<b>DATE (DD/MM/YYYY):</b>

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INDEPENDENT SERVICE CENTRE OWNER SIGNATURE:

DATE (DD/MM/YYYY):

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