



BUSINESS INFORMATION

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

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.

LIST (FULL NAME AND EMAIL ADDRESS) OF AUTHORIZED ACDelco TRAINING WEBSITE USERS

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



RSSP

RETAIL SERVICE SUPPORT PROGRAM

OWNERSHIP CHANGE FORM

INDEPENDENT SERVICE CENTRE OWNER SIGNATURE:

DATE (DD/MM/YYYY):

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