GCDF

GLOBAL CHANNEL DEVELOPMENT FORM

Allison Transmission

DEALERSHIP INFORMATION CHANGE NOTICE

Distributor's Name: _____ Effective Date: _____

CHANGES IN DEALER OWNERSHIP, ENTITY, AND PRODUCT DESIGNATION REQUIRE A NEW AGREEMENT AND ARE NOT TO BE REPORTED ON THIS FORM.

☐ Name Change ☐ Address Change ☐ Termination

	Change from: (* must complete)	**Change to:** (only complete changes)
Dealer Code Number	*	
Dealer Name	*	
Street Address	*	
City, State/Province	*	
Country/Zip Code	*	
Phone Number (Area Code & Country Code)	*	
OEM Affiliation (indicate if addition or deletion)		

*If terminated please state reason why:

Distributor Representative: _____ Date: _____

Regional Customer Support Manager: _____ Date: _____

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