

Acceptgiro Printing Proof Inspection Application*



To
ING/OIB/DS/Qualitygroup Acceptgiro
Acceptgiro testing institute
Email : SCDS-DP-Kwaliteit@mail.ing.nl

Printer's order no.

Test Institute's order no.

To be completed by the test institute

Result _____ Accepted Not accepted Accepted subject to correction

Corrections/remarks _____

Initials of test institute _____ **Processed on** _____

Details of applicant

Name of printer _____

Address line 1 _____

Postcode + city/town _____

Name of contact _____

E-mail _____

Telephone _____ **Bank account number** _____

D number _____

The applicant authorises ING/Qualitygroup Acceptgiro to debit the costs of this printing proof from the account number submitted by the applicant, by means of one-off direct debit. Please note that with this direct debit you have no refund right.

Details of the customer

Name (Service Bureau/Payee)** _____

Address line 1 _____

Postcode + city/town _____

Bank account no. _____

Type of Contract/Certificate (+ number) AS Contract C Contract ___
 S Certificate ___ D/Dmin Certificate ___

Credit amount blank Yes No

Name of Service Bureau's customer _____

Bank account no. customer _____

Type of contract/Certificate (+ number) AS Contract C Contract

Paper type Cut-sheet Fanfold Roll

Number of forms _____ **Delivery date to customer** _____

Signature of applicant

Date _____

Place _____ **Signature** _____

* This application form to be submitted together with printing proof.

** Delete whichever is not applicable.