

# Acceptgiro Printing Proof Inspection Application\*



To  
Unisys Payment Services & Solutions  
Acceptgiro-testinstituut  
Email : UPSSKwaliteitsbeheer@unisys.com

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 Unisys 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.