



The Association of Credit Professionals aims to provide a network to all members giving access to other members experience and expertise in order to assist with issues that may arise. Please indicate your teams experience below so that a database of expertise within the Association can be built up to the advantage of all members

Company Sector

Industry Sectors:		Specialist Knowledge:	
Manufacturing	<input type="checkbox"/>	Telecoms	<input type="checkbox"/>
Retail	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
Service	<input type="checkbox"/>	Building and Construction	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	Printing and Publishing	<input type="checkbox"/>
Civil Service	<input type="checkbox"/>	Home Market	<input type="checkbox"/>
Call Centre	<input type="checkbox"/>	European Market	<input type="checkbox"/>
Other	<input type="checkbox"/>	Global	<input type="checkbox"/>
		Other	<input type="checkbox"/>

Strategic Partnerships




ACP have established a number of strategic partnerships within businesses specialising in the Credit Profession. If you are interested in receiving information regarding these products or services please tick the boxes below:

Debt Recovery	<input type="checkbox"/>	Legal Advice	<input type="checkbox"/>	Insolvency	<input type="checkbox"/>
Recruitment	<input type="checkbox"/>	Enforcement Services	<input type="checkbox"/>	Fraud	<input type="checkbox"/>
Training	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>
Debt Sale	<input type="checkbox"/>	Software/Applications	<input type="checkbox"/>		

Membership Authority

Signature	Position	Date:
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Payment Method

Credit/Debit Card   

Card Number: _____

Valid from: _____ Expiry Date: _____

Name of Cardholder: _____ Signature: _____

Cheque Cheques should be made payable to The Association of Credit Professionals

Standing Order Annual Quarterly Monthly A standing order form will be sent to you for completion.

For office use only:

Membership Reference: _____ Renewal Date: _____

Application Form Received: _____ Fees Paid _____

Comments: _____



Corporate Membership Registration Form

