

# Application for Mail Collection

Business name: \_\_\_\_\_

Billing address: \_\_\_\_\_

Eircode : \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Collection address: \_\_\_\_\_

Type	Estimated daily volume	Preferred Collection Time	Please tick appropriate box	Payment method used	Please tick appropriate box(es)
Letters		Pre 4pm	<input type="checkbox"/>	Stamped & Meter Only	<input type="checkbox"/>
Packets		Post 4pm	<input type="checkbox"/>	Ceadunas Mail Only	<input type="checkbox"/>
Parcels				Stamped, Meter and Ceadunas Mail	<input type="checkbox"/>

Please tick the appropriate box above indicating the time period which best meets your business needs.

Please note that in order to monitor the effectiveness of our collections service customers availing of a collections service are required to have a small sign with an An Post barcode installed at the point where your mail will normally be collected.

## \*Two signatures required in respect of a company

Signature 1:  Date:

Print name

Signature 2:  Date:

Print name

**Fee:** €3,300.00 per annum (fee is applied on a pro rata basis)

**Please return this application form to:** Annual Fee Billing Unit, An Post, Area 2D, G.P.O., Dublin 1 DO1 F5P2

Further information: Contact your Key Account Manager or visit [anpost.com](http://anpost.com)

## For office use only:

Account Number:

### Operations:

Date of Commencement of Collection:	<input type="text"/>
Estimated Collection Time:	<input type="text"/>
Latest time of Posting:	<input type="text"/>
Alternative acceptance points/LTOP:	<input type="text"/>
Sign Off:	<input type="text"/>

