

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: €3,000.00 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

For office use only:

Account Number: _____

Operations:

Date of Commencement of Collection:	_____
Estimated Collection Time:	_____
Latest time of Posting:	_____
Alternative acceptance points/LTOP:	_____
Sign Off:	_____

