DeliveryBox™ Pre-order Application Form

Please complete the form below and return to the following address;
National DeliveryBox™ Control Centre2B, An Post General Post Office, O'Connell Street Lower Dublin 1, D01 F5P2

Title: Mr Ms Ms	Other
Name:	Surname:
DeliveryBox™installatio	n Postal Address: Please include company name if Business Application.
	Eircode:
Home Phone No:	Mobile:
Email:	
Building Type: Ho	buse D Business Premises D Other D
installation postal addres exclusions outlined in poir	nd that DeliveryBox™ is the principal point of delivery for all mail addressed to the s above for all recipients of mail at that postal address with the exception of the lts 8 and 9 of the Terms and Conditions. I confirm I have read and agree to the terms and agree to complete a brief survey about my experience using DeliveryBox™.
Signed:	Date:
Marketing Opt-In Wording	j:
as detailed in our Privacy time by following the option	act you with news and special offers from the An Post Group and select third parties Statement, available at anpost.com/privacy. You may withdraw your consent at any ng out procedure detailed in our Privacy Statement. seed by SMS, Email and Phone contacted by Post
Payment Details	
Please select your chos	sen method of payment:
Cheque Postal M	oney Order Credit/Debit Card Post Office (Please attach receipt)
	postal money order for the value of €69.99 with this form, if paying by this method. e credit card details below.
l authorise An Post to t	ake payment for DeliveryBox™ via the aforementioned payment method.
Signed:	Date:
Cardholder's Name:	
Card Type: VISA 🔘 N	1asterCard 🗌
Card No:	
Eircode:	

Note: Application subject to eligibility and availability - if we cannot complete your order, we will contact you and no payment will be taken. Once payment has been processed your DeliveryBox™ will be delivered within 5 working days.