DeliveryBox[™] 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 Other O	
Name:	Surname:
DeliveryBox [™] installation Postal Add	ress: Please include company name if Business Application.
	Eircode:
Home Phone No:	Mobile:
Email:	
Building Type: House 🗌	Business Premises O Other O
installation postal address above for al exclusions outlined in points 8 and 9 of 1	eryBox [™] is the principal point of delivery for all mail addressed to the I recipients of mail at that postal address with the exception of the the Terms and Conditions. I confirm I have read and agree to the terms omplete a brief survey about my experience using DeliveryBox [™] .
Signed:	Date:
Marketing Opt-In Wording:	
time by following the opting out proced I consent to be contacted by SMS, Er I do not consent to be contacted by Payment Details Please select your chosen method Cheque Postal Money Order	nail and Phone Post
Alternatively complete the credit card	y order for the value of €69.99 with this form, if paying by this method. details below.
l authorise An Post to take paymer	nt for DeliveryBox [™] via the aforementioned payment method.
Signed:	Date:
Cardholder's Name:	
Card Type: VISA 🗍 MasterCard	
Expiry Date:	
Cardholder's Address:	
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.