

# DeliveryBox™ Pre-order Application Form

Please complete the form below and return to the following address;

National DeliveryBox™ Control Centre 2B, An Post General Post Office, O'Connell Street Lower Dublin 1, D01 F5P2

Title: Mr ☐ Ms ☐ Other ☐ \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

## Installation address

Company Name (for business premises): \_\_\_\_\_

Address: \_\_\_\_\_

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

## Delivery address

Tick box if same as installation address ☐

Company Name (for business premises): \_\_\_\_\_

Address: \_\_\_\_\_

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

Building Type:

House ☐ Business Premises ☐ Other ☐

DECLARATION: I understand that DeliveryBox™ is the principal point of delivery for all mail addressed to the installation postal address above for all recipients of mail at that postal address with the exception of the exclusions outlined in points 8 and 9 of the Terms and Conditions. I confirm I have read and agree to the terms and conditions outlined and agree to complete a brief survey about my experience using DeliveryBox™.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

An Post would like to contact you with news and special offers from the An Post Group and select third parties as detailed in our Privacy Statement, available at [anpost.com/privacy](http://anpost.com/privacy). You may withdraw your consent at any time by following the opting out procedure detailed in our Privacy Statement.

☐ I consent to be contacted by SMS, Email and Phone ☐ I do not consent to be contacted by Post

## Payment Details

Please select your chosen method of payment:

Cheque ☐ Postal Money Order ☐ Credit/Debit Card ☐ Post Office ☐ (Please attach receipt)

Please enclose cheque or postal money order for the value of €79.99 with this form, if paying by this method. Alternatively complete the credit card details below.

I authorise An Post to take payment for DeliveryBox™ via the aforementioned payment method.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Type: VISA ☐ MasterCard ☐

Card No:

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 5-10 working days.