APPLICATION FORM FOR PURCHASE OF A BLACK WHEELED BIN OR REPAIRS

Newtownabbey BOROUGH COUNCIL

NAME: _____

ADDRESS: _____

POSTCODE: _____ **TEL NO** _____

Please tick the appropriate boxes

☐ **240L Black Bin** ☐ **Food Waste Caddy (FOC)** ☐ **Blue bin (FOC)** ☐ **Brown Bin (FOC)**

☐ Purchase of new 240 litre black bin @ £40.00
☐ Purchase of new 140 litre black bin @ £39.00
☐ *Purchase of new 240 litre bin @ £30.00) Pensioner Rate
☐ *Purchase of new 140 litre bin @ £29.00) Pensioner Rate
*A signed declaration must be completed by the 'pensioner' before bins are sold at these reduced rates.

GENERAL INFORMATION

- Bins will **normally** be delivered each Tuesday providing application and payment has been received before 12 noon on the previous Thursday.
- Please ensure that the house number on your property is clear.
- Your bin should be put out for collection by **7.00 am** on your bin collection day.
- Please note all properties in new developments must display the site or house number clearly on the property before the bin is delivered.
- Please advise if you require collection of damaged bin
- **Only 1 Black Bin per household will be collected.**

REPAIRS (Repairs are batched and carried out on a weekly basis)

☐ Replacement wheels/axle at £11.50 ☐ Replacement lid at £10.25

METHODS OF PAYMENT

1 **By Cheque** Please complete this form and return it with a cheque made payable to Newtownabbey Borough Council, Business Support, Cleansing, Ground Floor North, Mossley Mill, Newtownabbey, BT36 5QA (Tel 028 90 340057 or 028 90 340056).

2 **By Credit/Debit Card**

CREDIT/DEBIT/SWITCH CARD PAYMENT AUTHORISATION FORM

NAME: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE NO: _____

CREDIT/DEBIT CARD TYPE: * VISA/MASTERCARD/SOLO/MAESTRO/SWITCH/
* delete as necessary OTHER please state _____

CREDIT/DEBIT CARD NUMBER: | | | | | | | | | | | | | | | | | | | | |

NAME AS IT APPEARS ON THE CARD: _____

START DATE: _____ EXPIRY DATE: _____

SECURITY CODE: _____ ISSUE NUMBER: _____
Last 3 digits on back of card switch cards only

AMOUNT: £ _____ OFFICER INITIALS: _____

PURPOSE OF PAYMENT: _____