APPLICATION FORM FOR PURCHASE OF A REPLACEMENT BLACK WHEELED BIN AT 50% REDUCED RATE

Newtownabbey
BOROUGH COUNCIL

(Please note the declaration below must be completed and signed before any payment or delivery of bin can be processed.)

NAME: _____

ADDRESS: _____

POSTCODE: _____ **DAYTIME Tel No:** _____

DECLARATION

I declare that I am eligible for a black wheeled bin at 50% reduced rate because; (this section must be completed giving date of incident and details)

_____

_____

_____

_____

Name of Police Station Reported to:-	**Police Incident Number:-**

Signed_____Date _____

Please tick the appropriate boxes (Prices shown below are at the reduced rate)

☐ Purchase of new 240 litre bin @ £20.00 or ☐ Purchase of new 140 litre bin @ £19.50

☐ *Purchase of new 240 litre bin @ £15.00) Pensioner Rate or
☐ *Purchase of new 140 litre bin @ £14.50) Pensioner

*A signed declaration must be completed by the 'pensioner' before bins are sold at these reduced rates.

GENERAL INFORMATION

- Your bin should be put out for collection by 7.00 am on your bin collection day.
- Bins will **normally** be delivered each Tuesday providing application and payment has been received before 12 noon on the previous Thursday.

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 (please complete and return slip below)**

✂- -

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: £_____ OFFICERS INITIALS: _____

PURPOSE OF PAYMENT: _____