

APPLICATION FOR PAPER DELIVERY

Name

Address Phone.....

Have you subscribed to Barrier Daily Truth before? Yes No

If Yes, how did you pay for the paper?

And at what address was it delivered to?

What rate will you be paying? Cash

Pension Number

Pension

OFFICE USE	
ZONE	_____
RECORD ID	_____
APPROVED	_____

PLEASE READ CAREFULLY BEFORE SIGNING

To avoid retrieval of large back payments, we ask that you keep your payments in advance or notify Barrier Daily Truth if you wish for your paper to be stopped, as delivery will not be stopped on expiry date.
In the event of back payment retrieval, I will be responsible for all money incurred by Barrier Daily Truth to recover any outstanding debt.

Signed

Date