

## INABILITY TO PAY FORM

DATE

I,  confirm that I have received  of fuel from this station and have no means of payment. I confirm that the details given below are correct and I will return with valid payment within 24hrs.

I understand that if I do not return within 24hrs the retailer will forward these details and any CCTV images to the local Garda station and report my actions as a drive off and deliberate criminal act. By accepting this form the retailer does not waive his right to prosecute.

NAME
ADDRESS
CAR REG
CONTACT NUMBER
STATION NAME
ADDRESS
SIGNED BY CUSTOMER

### OFFICE USE ONLY

**PROOF OF ID** Licence  Passport  Other  Copy Taken YES / NO

INFORMATION CHECKED BY	DATE
PAYMENT RECEIVED BY	DATE