

# Regular Membership Application Form

\*All fields on the form are mandatory

## 1. Company Details

Company Registration Name

Trading As

Company Registration No.

Address (for certificates)

Address Line 1:

Address Line 2:

Town:

County:

Eircode/Postcode:

Country:

Local Authority Area:

Website:

Multiple Premises? ☐ Yes ☐ No

If YES, please specify how many:

## 2. Main Account Contact

Main Account Contact Name (Block Capitals)

Main Account Title/Position

Main Account Phone No.

Main Account Email

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### 3. CEO Contact

CEO Contact Name (If different from Primary Account Contact)

CEO Contact Phone No.

CEO Contact Email

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### 4. Training and Statistical Contact

(For packaging and Single Use Plastic)

Contact Name (If different)

Phone No.

Contact Email

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### 5. Billing Information

Company Name

Company Address

AddressLine1:

Address Line2:

Town:

County:

Eircode/Postcode:

Country:

VAT no

Do you have a VAT 56B form? ☐ Yes ☐ No

Will Invoices require a PO number? ☐ Yes ☐ No

Invoice Email Address:

Do you require Repak to complete supplier registration forms? ☐ Yes ☐ No

If Yes please email these documents along with your completed application to [register@repak.ie](mailto:register@repak.ie)

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### 6. Finance Contact

**Finance Contact Name** (If different)

**Finance Contact Phone No.**

**Finance Contact Email**

In signing this document you agree to start the process of joining Repak and will fully comply with the [Repak Scheme Rules](#), including any amendments made from time to time.  
(The scheme rules are available on repak.ie)

**Main Contact Signature**

**Date:**

Please return a completed copy of this application to either [register@repak.ie](mailto:register@repak.ie) or to the Account Manager you have been in contact with.