

Regular Membership Application Form

* Indicates mandatory field

All mandatory fields in this application need to be completed. The main contact must also sign this document to show the business applying is in agreement with Repak's Scheme Rules.

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

→ **Company Registered Name ***

→ **Trading As ***

→ **Company Registration No. ***

→ **Address ***

→ **County ***

→ **Eircode/Postcode ***

→ **Country (If not Ireland)**

→ **Main Company Telephone No. ***

→ **Business Type ***

→ **Main Contact Name (Block Capitals) ***

→ **Contact Title/Position ***

→ **Contact Telephone ***

→ **Contact Email ***

→ **CEO Name (If different from Main Contact)**

→ **CEO Telephone No.**

→ **CEO Email**

Repak Ltd.
Red Cow Interchange Estate,
Ballymount, Dublin 22.

t. (0)1 467 0190
f. (0)1 467 0197
e. register@repak.ie
www.repak.ie

→ **Financial/Invoicing Contact Name (If different)**

→ **Financial Contact Telephone No.**

→ **Financial Contact Email**

→ **Do you need a PO number added to any invoice raised?** Yes No

→ **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

→ **Statistical Contact Name (If different)**

→ **Statistical Contact Telephone No.**

→ **Statistical Contact Email**

→ **Multiple Premises** Yes No
If YES, please specify how many below.

→ **Number of Premises**

→ **Is your business VAT exempt?** Yes No

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)

I hereby agree to Repak's Scheme Rules *

→ **Main Contact Signature *** → **Date: ***

→ **Contact Signature *** → **Date: ***
