



* 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.

Regular Membership Application Form

ightarrow Company Registered Name *
→ Trading As *
→ Company Registration No. *
→ Address *
→ County *
→ Eircode/Postcode *
ightarrow 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)
ightarrow 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@repal
- **e.** register@repak.ie www.repak.ie

ightarrow 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? If Yes please email these documents along with your completed application to register@repak.ie	Yes	No		
→ Statistical Contact Name (If different)				
ightarrow Statistical Contact Telephone No.				
→ Statistical Contact Email				
Multiple Premises If YES, please specify how many below.	Yes	No		
ightarrow Number of Premises				
ightarrow 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: *	
/ Contact Dignature	, Date:	