

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

4. Training and Statistical Contact

(For packaging and Single Use Plastic)

Contact Name (If different)

Phone No.

Contact Email

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

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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)

I hereby agree to [Repak's Scheme Rules](#)

Main Contact Signature

Date:

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